CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

EP 23007

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

Department: Health

To: Records Management Officer, Room 408, City Hall, Baltimore, 2, Md.

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval _____ Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls & 1 positive for hospital

C. P. Force 3/28/63 Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} Female & Male. 6 Mos Foetuses

Age, ~~Years~~, ~~Months~~, 25 Minutes & 10 hours ~~Days~~

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 163 W. Lombard St. (Maternité)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163 W. Lombard St.

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Presumed in Al-

Date of Burial, cohol in the Obste-

Wm Goubel M. D.
Medical Attendant

Undertaker, trical Museum of the

Place of Business, College of Physicians & Surgeons

Address 163 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday Oct 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Alfred Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* Seven *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 75 Harrison Street

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 24th 1877

Undertaker, Peter Kimmel

Place of Business, 111 Baltimore

P Conniker *M. D.*
Medical Attendant.

Address 112 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED OCT 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Jane E. Soulsmon

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White,

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 101 Fairmount Ave

Cause of Death, {First (Primary,) Marasmus; Second (Immediate,) Exhaustion}

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct. 25, 1877

Undertaker, M. A. Dayer

Place of Business, 714 S. Broadway

H. G. Luck M.D.
Medical Attendant.

Address Balto. & Mach. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca E. Baylee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 111 N. Carline

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 25. 1877

Undertaker, M. A. Dargin

Place of Business, 74 S. Broadway

James E Donnelly M.D.
Medical Attendant.

Address 299 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21.606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 23. 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Foster

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} King William Co Virginia

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 120 N. Caroline Ave.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) ———

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, King Wm Co. Va

Date of Burial, 25th Octr

Undertaker, Wm Stall

Place of Business, Baltimore Md *Address* 324 Hanover St

R. M. Coleman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21506

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Washington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 — Months, ... Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, always Lived

Place of Death, {Give street and number.} 92 Stirling Street

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) do

Duration of Last Sickness, always Lived

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 25th

Undertaker, Samuel W Chase

Place of Business, Corner of Navarre & Hill Sts

C A Johnson M. D.
Medical Attendant.

Address 86 & 7 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1877 Oct 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A White

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Forest St S of Eager

Cause of Death, First (Primary,) Enteric fever

Second (Immediate,) Intestinal obstruction

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 25 1877

Undertaker, James O Byrne

Place of Business, No 63 S Front St

Chas C Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 21508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Nugent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (And how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 239 Columbia ave

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, 18 Months

All the above Information should be furnished by the Physician

Place of Burial, St Patricks Cemetery

Date of Burial, Oct 25 1877

Undertaker, James D Byrne

Place of Business, 99 63 Front St

John Barnes M. D.
Medical Attendant.

Address 99 Augusta ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Annie B Anderson Oct 23 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie B. Anderson.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 9 *Months,* *Days.*

Color, White. — *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 89 Calvert St - North.

Cause of Death, First (Primary,) Scarlatina -

Second (Immediate,) Nephritis

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Oct 24 1877

Undertaker, James H Byrne

Place of Business, No 63 N Front St *Address*

Hart Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th October 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Auguste Schreiber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} S. Bond Street Nro 24th.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Diphtheritis 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Petris Cemetary

Date of Burial, 25th October.

Undertaker, Leonhard Kurz

Place of Business, 227 S. Bond Street.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 21511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 22,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 Years, 5 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 73. Fork St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Diptheria

Duration of Last Sickness, 8. days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, October 25-1877

Undertaker, W. Hearle

Place of Business, 111 Light St.

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents Chas. E. & Mary E. Bridges

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 year 1 mo. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} N. E. Cor. Penna. Ave & Mosher St.

Cause of Death, First (Primary,) Protracted Labor

Second (Immediate,) Imperfect Circulation & Weak Development

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct. 25th 1877.

J. Christian *M. D.*
Medical Attendant.

Undertaker, W. M. E. Kenworthy

Place of Business, Cor Mosher and Penna ave Address 131 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21513.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct- 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Irvin Lacey

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years;* 3, *Months,* 14 *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 months - 14 days

Place of Death, {Give street and number.} Home #1 -

Cause of Death, {First (Primary,) Gastric Enteritis -

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 24, 1877.

Undertaker, H. Schneider

Place of Business, 522 Gay St.

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21.514

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Noble G. Watkins

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 51 *Years,* 3 *Months,* — *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 51 years 3 Months

Place of Death, {Give street and number.} 101 Parkin pl

Cause of Death, First (Primary,) Hemorrhagic Apoplexy

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 25

Undertaker, Wm Watkins

Place of Business, 162 Burgess

C. L. Buckenbolen M.D.

Medical Attendant.

Address, 16 Columbia Av

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21,545

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED OCT 24 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Repp.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Veal Schmidt

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Erbelsberg Hessen Darmstadt Europe

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} Granby Street No 66.

Cause of Death, First (Primary,) Hydrops universalis

Second (Immediate,) Consumption

Duration of Last Sickness, 10 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 25th Octr 1877

Undertaker, Wm Nicolaus

Place of Business, Alice Anne st *Address*

Ernst Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ouity Stiner

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 312 Saratoga Balto city

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Oct 25th

Undertaker, Oppenheim

Place of Business, 101 Gough St

Dr Jenkins M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2[illegible]7

The Physician who attended deceased during last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Name of deceased, { Write name in full; if illegitimate, correct surname not named, give name of mother. } Alberta Johnson

Sex, Female, { Cross out the word not required in this line. } Female

Age, [illegible] Years, [illegible] Months, [illegible] Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (as long in the United States) or of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, [illegible]

Cause of Death, { First (Primary,) Second (Immediate,) Last Sickness, }

Duration of Last Sickness, [illegible] days

All the above particulars to be furnished by the Physician.

Place of Burial, [illegible]meling

Date of Burial, Oct 25 1877

{ Undertaker, [illegible] C Ford

{ Place of Business, [illegible] Pratt St

J. Zeph M. D.
Medical Attendant.

Address 93 Green Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 21,518

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Schuhl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* — *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 160 S Regis St

Cause of Death, First (Primary,) Cirrhosis of the Liver

Second (Immediate,) Anasarca Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Oct 26th 2 P.M.

Undertaker, Henry Snader *Address*

Place of Business, 252 Eastern Av.

H Bram M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

REGISTRAR OF VITAL STATISTICS.

Permit No. 21519

The Physician who attended any pers[on] ... presentation of this Certificate, *accurately filled out*, to the undertaker or other person su[perintending] ... *four hours* after the death of said deceased, or sooner, if requested so to do, under penalty ...

NO PERMIT FOR BUR[IAL] ... BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ... Carl Kam

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ...

Age, ... *Years,* ... *Months,* 6 ~~Days.~~

Color, White *Sex,* Male

Married, Single, Widow or {Cross out the words not required in this line.} ...

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} American Hotel, Cor Calvert & ...

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Inanition

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 28th 1877

Undertaker, Jos C Roden ... *Address* 51 ...

Place of Business, Eutaw St ...

... from Regulations of the Bo... ...lth to secure a full and corr... Vita... ...h ...ity of Baltimore.

... and it be further enacted and o... ed, ... person shall die in the said city, ... of the ... who ... ded during his or her ... ckne... ... or, when the case comes under h... ... within forty-eight h... fter the death, to the D... ... n or persons superintending the l... setting forth, as ... the same can be ascertained, ... d condition (whether married or sin... deceased, and the ... and date of death, except in ... f illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21,529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Speaks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1. *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 34 Aisquith St

Cause of Death, {First (Primary,) — Second (Immediate,) Marasmus

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 26th 1877

Undertaker, Wm Thos Denny

Place of Business, 263 Eighth St

Theodore Bortz M.D.
Medical Attendant.

Address 146 96 ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Octo 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Holden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 25 E. Madison

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery Geo B Reynolds M. D.

Medical Attendant.

Date of Burial, Oct 25th 1877

Undertaker, Henry W Mears

Place of Business, 45 N Gay St Address 43½ Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 21522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Alexander Johnson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 3 *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 1 Booth St.

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,)}

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 25 77

Undertaker, Wm. H. Young

Place of Business, 42 W. Lexington St.

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childrea.

[OVER.]

Board of Health, ~~City~~ of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 23-1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Frances Frame

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 Years, about ~~Months,~~ ~~Days.~~

Color ~~ed~~ ——— *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Household duties

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Fredericksburg — Virginia —

Duration of Residence in the City of Baltimore, about Eight (8) years

Place of Death, {Give street and number.} W- Lexington St - near Cattle Scales

Cause of Death, First (Primary,) Uterine Hemorrhage — Abortion

Second (Immediate,) (in the 8th month of pregnancy)

Duration of Last Sickness, About 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Oct 25th

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Wm N. Purnell

Place of Business, 1610 Stockton alz *Address* 290 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Welde

~~*Sex*~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, Fifty three *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Confectioner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Sixth Unit

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexy

Duration of Last Sickness, Seven hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct. 27 1877

{*Undertaker,* Chas Boring / *Place of Business,* 136 E Fayette}

Milton A Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21525

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Ann Brui

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 218 N Wolfe St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Mitral Insufficiency

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 Oct 3 Oclock

M. Griffin M. D.
Medical Attendant.

Undertaker, George C. Rademacher

Place of Business, 38 Druid Hill Address No 18 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 23, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Adams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Cumberland Md

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} Orchard St

Cause of Death, First (Primary,) Rheumatism of Heart

Second (Immediate,) Valvular deseas " " " Dropsy

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery, Md Carroll Co

Date of Burial, Oct 25 1877

M. D.
Medical Attendant.

Undertaker, Abraham Hayman

Place of Business, 30 Doughty St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 21,527

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 October 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia Rutledge

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — 28 — *Years,* — 8 — *Months,* — — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, ~~[illegible]~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Louisville Kentucky

Duration of Residence in the City of Baltimore, — 25 years —

Place of Death, {Give street and number.} No 256 Dallas St (back)

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Oct 26 1877

Undertaker, Peter Rutledge

Place of Business, 256 Dallas.

Thomas J. Evans M.D.
Medical Attendant.

Address 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21528

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Burke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 23 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 207 Light St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral Cemetery

Date of Burial, Oct 27th 1877

Undertaker, Anthony Denny

Place of Business, 263 Light St

A H Emery M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death. October 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Mooney

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Forty three *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No. 224 E. Lombard St

Cause of Death, {First (Primary,) Hereditary

Second (Immediate,) Consumption or Phthisis

Duration of Last Sickness, About two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 26th 1877

Undertaker, Wm H Hickman

Place of Business, 1123 E. Jay St

Milton A Taylor M.D.
Medical Attendant.

Address, Broadway & N. Eden

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23th October 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Anton Rolfes

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 56 Years, 6 Months, Days.

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Oldenburg Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Thames Street 24

Cause of Death, {First (Primary,) / Second (Immediate,)} Carcinoma ventriculi (Hemorrhage)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct. 26

Undertaker, W. Sippel

Place of Business, S. Bond st 151

William Henkel M. D.
Medical Attendant.

Address S. Wolfert 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21631

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Colober 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis C Sudkamp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No 57 Duncan Alley

Cause of Death, First (Primary,) Intussusception

Second (Immediate,) Septicaemia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus bur

Date of Burial, October 25

Undertaker, W. Lippel

Place of Business, S. Bond st 151

L. Muhlenfeld M. D.
Medical Attendant.

Address 12 S Edon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Genever

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 37 York St. Balto

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} Peach Alley No 11

Cause of Death, First (Primary,) Phthisis pulmon.

Second (Immediate,) General Marasmus

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct 26 1877

Undertaker, J W Chase

Place of Business, 21 S Howard

Dr. J. K. Wiley M.D.
Medical Attendant

Address 171 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21533

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maryann Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Easton Talbot Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 94 E. Church

Cause of Death, {First (Primary,) Second (Immediate,)} Cancer of Uterus

Duration of Last Sickness, 10 Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, Oct 25. 1877

Undertaker, Samuel F. Ware

Place of Business, 94 E. Howard St

Geo. H. Dorsey M. D.
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21534.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May C. Bixton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 180 Gough St

Cause of Death, {First (Primary,) Croup

{Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt cemetery

Date of Burial, Oct 28th 1877

{*Undertaker,* Hughes & Co

{*Place of Business,* 65 S Broadway

Wm. J. Galt M. D.
Medical Attendant.

Address 2[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 21535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Mahon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 125 North St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Apnoea

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 26th 1877

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty St *Address* No. 125 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21536

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Planer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* three *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 129 N Washington st

Cause of Death, First (Primary.) Measles

Second (Immediate.) Dropsy

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician

Place of Burial, Ll Olivers Cemetery

Date of Burial, October 27th

Undertaker, Henry Schaeffer's

Place of Business, 261 E Monument st

Dr Hinkemeyer M. D.
Medical Attendant.

Address 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 21587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James C. Elzey.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Collector.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All of his life

Place of Death, {Give street and number.} 84 N Charles St. Balto.

Cause of Death, First (Primary,) Cerebral Hemorrhage

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 27th 1877

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address*

Hart Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

rmit No. 21538 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millard F. Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 43 Valley st

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Two weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 26th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn

Jno. Brodie Boyle M. D.
Medical Attendant.

Address 166 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 21539

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M. Wallace

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert County, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} " 14 Elbow Lane.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, about 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Oct 26 1877

Undertaker, [illegible]

Place of Business, [illegible]

J. M. White M.D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21570 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Capt. Joseph L Wilson

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Mariner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } British America

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, { Give street and number. } 69 E Pratt St

Cause of Death, { First (Primary,) Consumption of Bra

{ Second (Immediate,)

Duration of Last Sickness, att. 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Novia Scholia

~~Date of Burial~~, Canada East

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Geo. L Kummer M. D.
Medical Attendant.

Address 73 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 914

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lumberson

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 61 *Years,* 2 *Months,* 9 *Days*

Color, Wh.

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 381 Light-St.

Cause of Death, {First (Primary,) Chronic Valvular Disease of Heart.
Second (Immediate,) Renal Jeans

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 28th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21524

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Grace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 502 Penn Ave

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} 502 Penn Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore Cemetery~~ Loudon Park

Date of Burial, Oct 26

Undertaker, John Hennig

Place of Business, 502 Pratt St.

Geo Frank M. D.
Medical Attendant.

Address 6 Cay St Town

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21543

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Martin Kips

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Durham St near Monument

Cause of Death, {First (Primary,) Trismus Nascentium

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mont Carmell.

Date of Burial, Oct 26 th

{*Undertaker,* Mrs Boucher

Place of Business, Canton ave near Bethel

John H. Rehberger M.D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 21524,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ... so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie H. Lincoln,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Six *Years,* Six *Months,* nineteen *Days.*

Color, White,

~~*Married, Single, Widow or Widower,*~~ {Cross out the wor is not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, age Not Given

Place of Death, {Give street and number.} 191 N. Calvert St.

Cause of Death, {First (Primary,) Scarlatina Anginosa

{Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Oct 27th.

{*Undertaker,* F. N. Troll

{*Place of Business,* 131 Hanover St. *Address* City

John L. H. Thom M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

mit No. 21345 — OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, s... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Pillier

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* ... *Months,* ... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 328 Saratoga St.

Cause of Death, {First (Primary,) burned by accident. Second (Immediate,) ...}

Duration of Last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. *Date of Burial,* October 28 1877

Undertaker, Henry Flood *Place of Business,* 309 Central Ave

Louis L. Horn M. D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21546

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *p* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Switzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty one *Years,* one *Months,* Twenty five *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Watchman at Howard Bank

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Reisterstown Balto Co

Duration of Residence in the City of Baltimore, about 33 yrs

Place of Death, {Give street and number.} 261 Druid Hill Ave

Cause of Death, First (Primary,) Consumption

Second (Immediate.) Typhoid condition

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Londen Park *Date of Burial,* Oct 28

Elias C. Price M. D.
Medical Attendant.

Undertaker, C. H. Blizzard *Address* 262 Madison Ave

Place of Business, 201 Pen av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

mit No. 21327.

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Ackerman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 93 E. Lombard St.

Cause of Death, {First (Primary,) ... Second (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemty

Date of Burial, Oct 28th 1877

Undertaker, Henry Froehlich

Place of Business, 246 Eastern Av

Aug. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21,528 — OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. H. Bernard Lehmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 11 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 China St

Cause of Death, {First (Primary,) Chronic Diarrhea
Second (Immediate,) Marasmus
Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, Oct 26

Undertaker, P. Kimmel

Place of Business, 318 Mulberry St

A. Lehmann M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

mit No. 21549 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gaskins.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty nine *Years,* Two *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia,

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 47 E. Washington St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, One year,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 27 1877

Undertaker, Fry & Brue

Place of Business, Broadway *Address* 207 N. Broadway

Attended L. Duhill M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21530

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. McLaughlin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 101 Penn St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 27th 1877

Undertaker, Jacob Weaver

Place of Business, No 426 Druid Hill Avenue

D. G. Keller, M. D.
Medical Attendant.

Address 89 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21551

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 9 years and 6 month

Place of Death, {Give street and number.} 154. N. Caroline

Cause of Death, First (Primary,) ... Second (Immediate,) Scarlet. Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy.

Date of Burial, Oct 27 1877

Undertaker, Fay & Bro

Place of Business, Broadway

J. F. Gwynn M. D.
Medical Attendant.

Address 187 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21554

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICAT

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L. Bunnis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* One *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, {Give street and number.} 17 Dillman st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Ct

Date of Burial, October 27 1877

Undertaker, Henry Hoeck

Place of Business, 367 Central Ave

A. P. Prater M. D.
Medical Attendant.

Address 138 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21553.

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE

Date of Death, Oct. 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, five years

Place of Death, {Give street and number.} 163 W. Lombard St.

Cause of Death, {First (Primary,) Carcinoma Uteri / Second (Immediate,) Hemorrhage

Duration of Last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetary

Date of Burial, Octo 28

Undertaker, W & W. Atchman

Place of Business, 191 S. Bond St.

Aug. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21557

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stern

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 11 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 1 Year 3 Mos.

Place of Death, {Give street and number.} 119 North Gay Street

Cause of Death, First (Primary,) Pseudo membranous Laryngitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebrew Cemetery

Date of Burial, October 28th

Undertaker, Wm. Eilau

Place of Business, No. 101 E. Lough St.

F. Selmon M.D.

Medical Attendant.

Address, S. E. Cor. Lexington & Eutaw Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL S

Permit No. 21533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, c... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brown

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 59 *Years,* 6 *Months,* 7 *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Annapolis A. A. Co Md

Duration of Residence in the City of Baltimore, Nearly all life

Place of Death, {Give street and number.} Rear of 59 East St. Gilbs Court

Cause of Death, {First (Primary,) Typhoid fever / Second (Immediate,)}

Duration of Last Sickness, about 2 weeks. Seen twice by Physician

All the above information should be furnished by the Physician.

Place of Burial, New Asbury

Date of Burial, October 27th

Undertaker, W. Diffel

Place of Business, S. Bond st. 151

Geo. W. Wagner M.D.
Medical Attendant.

Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21556,

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE... MENT
OCT 26 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th October 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Tauber

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 year *Months,* 7 months 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Eastern Ave. N. 397

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, Oct. 27th 10 A. M.

Fred. Hofs. M. D.
Medical Attendant.

{*Undertaker,* Henry Sander

{*Place of Business,* 253 Eastern Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21557

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEAL OCT 26 1877 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, Oct. 26/77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Litzenfield

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 N. Broadway

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 27th 3 P.M.

Undertaker, Henry Sander

Place of Business, 252 Caroline St

R. W. Mansfield *M. D.*
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21558

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruthelia A Bostow

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 64 *Years,* Nine (9) *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Roxbury, Mass

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} 317 Mosher St.

Cause of Death, First (Primary,) Scirrhus of the Uterus

Second (Immediate,) Asthenia

Duration of Last Sickness, About one (1) Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct. 27, 1877

Undertaker, M. A. Dayer

Place of Business, 74 S. Broadway

J. Lawson Siltzer M.D.
Medical Attendant.

Address, 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

rmit No. 21559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Lorsey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 22 Layton st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 27th 1877

Undertaker, Wm James Gray

Place of Business, 65 Westberry st.

W. B. Griffith *M. D.*
Medical Attendant.

Address 60 McCulloh st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21560

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Coats Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Child

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} Tyson Street No 50

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral C

Date of Burial, Oct 27th 1877

Wm H Davis M. D.
Medical Attendant.

Undertaker, Wm Jas Gray

Place of Business, 45 Mulberry St *Address* N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21561 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

Date of Death, October 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eliza Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ... *Months,* ... *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 421 Saratoga St.

Cause of Death, First (Primary,) Pelvic Cellulitis

Second (Immediate,) Septicemia

Duration of Last Sickness, About seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 28th 1877

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, Wm S Gray

Place of Business, 45 Mulberry St *Address* 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel C. Brown

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 62 *Years,* 11 *Months,* 23 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England. in U.S. 48 years

Duration of Residence in the City of Baltimore, Bet. 7 & 8 years

Place of Death, {Give street and number.} 492 Eutaw Place

Cause of Death, First (Primary,) Cerebral Disease (Pia Mater)

Second (Immediate,) Coma in Exhaustion

Duration of Last Sickness, Bet. 2 & 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Greenwood. Cem.

Date of Burial, Oct 29/77

Undertaker, Samuel H. Howard

Place of Business, 35 Park Av.

W. F. A. Kemp M.D.
Medical Attendant.

Address, 55 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 9/15

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21563.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances A. Bartlett

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 55 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 106 Cross St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Remittent Fever

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 28th 1877

Undertaker, C. F. Kraus

Place of Business, Hanover St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21564

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Bonner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* ~~Months,~~ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 12 Minnis Alley.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octo. 27 1877

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

A. F. Bell *M. D.*
Medical Attendant.

Address 306 Monroe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

rmit No. 27065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1874 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2 1874

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Mead

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Castle St. near Federal

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 29th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynan

C. E. Stein, M. D.
Medical Attendant.

Address 195 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Register No. 4/0 86 #21566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mead
Edward V

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cattle St near Pleasant

Cause of Death, {First (Primary,) Meningitis
Second (Immediate,) 21 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 28th

{*Undertaker,* Geo Schilling
Place of Business, Ashland & Lynn

C. C. Cain, M. D.
Medical Attendant.

Address 195 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ate No. 2400 / #21567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Castle St near Federal

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 28th

{*Undertaker,* Geo Schilling

Place of Business, Ashland & Lyon

C. E. Stein, M.D.
Medical Attendant.

Address 195 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21568 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} 12 da. Of Kane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germantown

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 5 & 8 St Paul St

Cause of Death, First (Primary,) Lypthomia

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Forestwood

Date of Burial, 1877

Undertaker, H. W. Forrestwood

Place of Business, 16 Light St

Address 185 Fayette

W. H. Crim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21569.

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Lerman

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 24 *Years,* 8 *Months,* 17 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 196 E. Durham

Cause of Death, First (Primary,) Cerebro-Spinal Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 28

Undertaker, Wendelin Dippel

Place of Business, S. Bond st 151

C. L. Mills M.D.
Medical Attendant.

Address, 19 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21570

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret J. Phillips

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56. *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 168 S. Charles

Cause of Death, First (Primary,) ——

Second (Immediate,) Burns

Duration of Last Sickness, 22 hours

All the above information should be furnished by the Physician.

Place of Burial, Wallacks Wf Dor. Co

Date of Burial, October 28th

Thomas Corbett M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Cor. Monte & Eight St

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Thomas Corbett M D

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Fogle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fort ave below Johnson.

Cause of Death, {First (Primary,) Spasms

{Second (Immediate.)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill cemetery

Date of Burial, Oct 29 77

Undertaker, Armstrong & Dean

Place of Business, 321 Light st

J. E. Harrington M.D.
Medical Attendant.

Address 321 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21572 — OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

Date of Death, October 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Curry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 57 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annandale County

Duration of Residence in the City of Baltimore, Ten days

Place of Death, {Give street and number.} No 188 Eastern avenue

Cause of Death, {First (Primary,) Cancer of the liver,
Second (Immediate,)}

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Lovil cemetry

Date of Burial, 27 oct. 77

Undertaker, per W. Lake

Place of Business, 59 S. Wolfe st

Thomas D. Evans M. D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21573

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th of Oct. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katharine Elisabetta Blum

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } C

Age, 64 *Years,* C *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~or Widower,~~ { Cross out the words not required in this line. }

Occupation, O

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Schleinbach Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, { Give street and number. } 66 Division st.

Cause of Death, First (Primary,) Inflamation of bowels

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 months (Confined only a few days previous in a dying condition)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 29th 1877

Dr. Kuhnmuench M. D.

Medical Attendant.

Undertaker, P. Kuhnmuench

Place of Business, Mulberry St Address 120 South Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 21574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or earlier, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Daniels

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* 21 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 King St.

Cause of Death, {First (Primary,) / Second (Immediate,)} / Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 27 1877

Undertaker, John C. Jordan

Place of Business, No 63 Park Ave

H. W Webner M. D.
Medical Attendant.

Address 320 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21575.

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Valentine Henlein.

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 10 *Months,* 4 *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 101 Cambridge St.

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) Perforation of Intestine

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, October 28th 1877

Undertaker, H. A. Gibmeyer

Place of Business, 340 Canton Ave

St. G. M. Teackle, M. D.
Medical Attendant.

Address Cor Essex & Eutaw Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 21576.

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th Octbr. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ruhnridel

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 1 *Years,* 11 *Months,* 24. *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, /

Birthplace, {State or country (and how long in the United States, if of foreign birth.} E Mc Elderry St. N 62.

Duration of Residence in the City of Baltimore, /

Place of Death, {Give street and number.} N. 250 N. Gay St.

Cause of Death, First (Primary,) Pneumonia Cobularis

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, Salem Cemetery Hafe R

Date of Burial, Octobr 29.

H. R. Irmer M. D.
Medical Attendant.

Undertaker, John Keeney

Place of Business, 286 Caroline St. *Address* N 207 N. Central Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21377 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schlegel

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 28 *Years,* 1 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 South Frederick St

Cause of Death, {First (Primary,) Disease of Heart

Second (Immediate,) Valves involved

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 28th 3 P.M.

Undertaker, Henry Sander

Place of Business, 252 Eastern Ave.

F. F. Knight M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 21578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia L. Schoolden

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 15 *Years,* 10 *Months,* 9 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } #38 Dewberry Alley

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 28

Geo H. Yates M. D.
Medical Attendant.

{ *Undertaker,* J. B. Cook
Place of Business, 701 W. St Baltimore *Address* #1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21579

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1877 1 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S. Rice

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Alexandra Va.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 74 Albemarle St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 28th

Undertaker, F. A. Bull

Place of Business, 31 Hanover

N. Hugh Thelps M. D.
Medical Attendant.

Address 11 S. High St

Consulting Physician of Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE MD.

Permit No. 21580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Gilbert

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland Native

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 110 Chestnut Ally

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 28th 1877

Undertaker, Wm. Sams Son

Place of Business, 65 Mulberry St

M. M. Antrim M.D.
Medical Attendant.

Address, 197 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 21581 (42158)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10" M° 26" 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose. Dailey

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 77 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House-keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N° 9. Willow St.

Cause of Death, {First (Primary,) Second (Immediate,)} Angina Pectoris

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 28th 1877

Undertaker, James P Byrne

Place of Business, N° 63 N Gay St

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21582

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Teufel

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 34 *Years,* 2 *Months,* 16 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 167 Pennsylvania Ave

Cause of Death, {First (Primary,) Chronic Pneumonia / Second (Immediate,) Pulmonary Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 28th 1877

Undertaker, Andrew Lahy

Place of Business, 118 Druid Hill Ave

Henry Sahyer M.D.
Medical Attendant.

Address, 165 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21583

OFFICE OF REGISTRAR OF VITA[illegible] BAL[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi[illegible] out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th of October 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Hicks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 92 *Years,* 6 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newark New Jersey

Duration of Residence in the City of Baltimore, Thirty nine years

Place of Death, {Give street and number.} 253 Nth Howard st

Cause of Death, First (Primary,) ———

Second (Immediate,) old age

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 29th 1877

J Schmidt M. D.
Medical Attendant.

Undertaker, Chas F Scriven

Place of Business, 271 N. Eutaw st Address 92 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21584

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 29 1877

CERTIFICATE OF DEATH.

Date of Death, Oct 27 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Greene

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 12 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 Vincent St

Cause of Death, First (Primary,) Measles

Second (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery | Jno. R. Quinan M. D.

Date of Burial, Oct 28 1877 | Medical Attendant.

Undertaker, H. W. Grace

Place of Business, No 198 Howard St *Address* 680 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL

Permit No. 21585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. James

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cecil Co. Md. 80 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 89 Lee St.

Cause of Death, {First (Primary,) Chronic Rheumatism 5 years
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Oct 28 1877

Undertaker, J. W. Chase & Co

Place of Business, 191 & Howard

R. M. Hall M.D.
Medical Attendant.

Address 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21586

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Doll

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Two *Years,* Eight *Months,* Five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 331 Williams St

Cause of Death, {First (Primary,) Second (Immediate,)} Gynache Diphtheria

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 28th

{*Undertaker,* E. Keile
Place of Business, 411 Light Street

H. Henderson Hutchett M. D.
Medical Attendant

Address 57 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21587 21587

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Kane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Randall St 16

Cause of Death, First (Primary.) Hypertrophy of the Liver

Second (Immediate.) Dropsy

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 28

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Thos Ford Cord M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. #21588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Kuhne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 years *Years,* ..... *Months,* ..... *Days.*

Color, Black Mixed (Negro)

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or Country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Five years & seven months

Place of Death, {Give street and number.} No 13 Parish St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) On 11th

Duration of Last Sickness, ... 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct. 28th 1877

Undertaker, Wm A Dunger

Place of Business, No 10 Stockton Alley

Edmund M. Price *M. D.*
Medical Attendant.

Address Cor Gilmor & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL ST...

1147

Permit No. 21589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Oct 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Butler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co Md. Born here

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give street and number.} 16 North Liberty alley

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery *Medical Attendant.* Wm. Power Potter M. D.

Date of Burial, Oct 28 1877

Undertaker, Wm. H. Dugan *Address* 25 & 27 Hanover Ave.

Place of Business, 162 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VIT...

Permit No. 21590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Ryan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 12 years *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 227 Lanvale St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Oct 28th 1877

Undertaker, Jacob Weaver

Place of Business, No 426 Druid Hill Avenue *Address* 248 Madison ave

Wm S Latimer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21591

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Gibbons

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single Widow or Widower

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 110 Chestnut Alley

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 28th 1887

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

M W Atkins M.D.
Medical Attendant.

Address, 192 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21592

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Date of Death, October 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H. Jel[illegible]

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country and how long in United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 136. Barry st

Cause of Death, First (Primary.) Diphtheria

Second (Immediate,) Pneumia

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 29th 1877

Undertaker, John S Wroten

Place of Business, No 150 Lanvale

C. L. Cushen M. D.
Medical Attendant.

Address, 116. Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21593 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Date of Death, October 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Fairchild

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* ~~83~~ *Months,* *Days.*

Color, white *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and number.} Home of the Aged M. E. Church Cor Franklin & Fulton Sts

Cause of Death, First (Primary,) Brights disease

Second (Immediate,) Uraemia

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 29th 1877

Undertaker, John S Mackie

Place of Business, W Baltimore

J. C. Ickler M. D.
Medical Attendant.

Address 234 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

21594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E O Bannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* / *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Salto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 125 S Paca St

Cause of Death, First (Primary,) ... Second (Immediate,) Convulsions

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 29th 1877

Undertaker, John L Beecher

Place of Business, 16 & 18 Camden

A H Emory M. D.
Medical Attendant.

Address 76 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. #21595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a*... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1897 BALTIMORE

Date of Death, October 27 F

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredr. Kunzelmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Locksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, over 30 years

Place of Death, {Give street and number.} 12 Shakespeare Pl.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct 29.

Undertaker, H. Lockhish

Place of Business, 246 East Av

L C Pinkerneil M. D.
Medical Attendant.

Address 12 S. Edwards

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21596 #21596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Date of Death, October 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard B. Bergmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 3 *Years,* 2 *Months,* 8 *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 302 E. Chase St.

Cause of Death, {First (Primary,) Scarletina Maligna. Second (Immediate,)

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 29th 1877.

{*Undertaker,* Wm. H. Hickman
{*Place of Business,* 234 N. Gay St,

J. F. Lovell. M. D.
Medical Attendant.

Address 224 Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21397 — OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Date of Death, October 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Drannan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, — 42 — *Years,* — *Months,* — *Days.*

Color, White

Married, ~~White, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life 3 doors for Name

Place of Death, {Give street and number.} No O'Donell St - Cantin

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Dropsy

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Old M. E. Grounds Rulard.

Date of Burial, Oct 29 1877

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore 238 Madison Ave,

Thomas J. Evans M. D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21598

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Date of Death, October 27 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. Mary Ann Dreyer

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 81 *Years,* 3 *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ~~—~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Denmark. In U. S. 54

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number.} 333 Lexington St

Cause of Death, {First (Primary,) apoplexy

{Second (Immediate,) ~~—~~

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Oct 29/77

Undertaker, A.W. Watkins & Son

Place of Business, 16 Light

W. F. Kemp M.D.
Medical Attendant.

Address, 55 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21599

OFFICE OF REGISTRAR OF VITA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 22 BALTIMORE

Date of Death, Oct 22nd 1877 — 2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bosher Ratcliffe

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harlem ~~Ave~~: Balto City Carey 8th

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 85 — Harlem Ave Balto:

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Suffocation

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 29 Oct 77

Ref't Parrott M. D.
Medical Attendant.

Undertaker, G.W. Jenkins & Co

Place of Business, 16 Light St *Address* 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ... *out*. to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai... sooner, if requested so to do, under penalty of law.

#21600

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Date of Death, Oct 27th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert F. Bruce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 198 Conway St

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Convulsion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 29th 1877

Undertaker, Wm J. Tickner

Place of Business, Eutaw St

D. H. Conway *M. D.*
Medical Attendant.

Address 76 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21601 #21601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 /77 Lucketts

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Markuse

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, Seven yrs

Place of Death, {Give street and number.} N° 416 N Stricker " Balt

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 29 Oct 1877

Undertaker, H.W. Sanking & Son

Place of Business, 16 Light St,

J H Patterson M.D.
Medical Attendant.

Address 23 Franklin "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. #21602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE.

Date of Death, October 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Schnee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Seven *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 75 N. Bond St.

Cause of Death, {First (Primary,) Hydrocephalus,
Second (Immediate,) Three weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 29th 1877

{*Undertaker,* H. Schultheis
Place of Business, No 261 E. Monument St.

Nicholas E. Dallett M.D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Elston Mountmorency

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 year *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 603 W Lombard St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 29 Oct

Undertaker, Jos B. Cook

Place of Business, 707 W. Balto St.

Geo. L. Brown M. D.

Medical Attendant.

Address 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21604 ~~21604~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha J. Magness

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 204 ~~298~~ Harford Ave.

Cause of Death, {First (Primary,) .....
{Second (Immediate,) Malignant Scarlet fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, 3 P.M. Oct 30th Cemetery

Date of Burial, 30 Oct 10 o'Clock

{*Undertaker,* George C Rademaker
{*Place of Business,* 38 Eden St

Jno. Brooke Byrd M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Zang

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 36 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 78 N. Ann st.

Cause of Death, First (Primary,) Puerperal fever

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Church

Date of Burial, Oct 30th 1877

Undertaker, H Kellen

Place of Business, 244 E Lombard

D. C. Dallas, *M.D.*
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Date of Death, Oct. 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Mallard Fraser

Sex, Male or Female, {Cross out the words not required in this line.}

Age, X *Years,* — *Months,* 21 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 113 E. Biddle

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Same

Cause of Death, {First (Primary,) Stomatitis

Second (Immediate,) 2 wks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wilmore Cemetery

Date of Burial, Oct-29 1877

Undertaker, Frey & Bro

Place of Business, 32 N Broadway

A. J. Reynolds M.D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE.

Date of Death, Oct 28" 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Hanson

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 21 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} RD 113. E. Biddle St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} same

Cause of Death, {First (Primary,) / Second (Immediate,)} Stomatitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 29" 1877

Undertaker, [illegible]

Place of Business, 54 N. Broadway

H. T. Reynolds M. D.
Medical Attendant.

Address, 186, Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Date of Death, October 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter Shultz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Four Months, Twenty One Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 305 McElderry St. Rear

Cause of Death, First (Primary,) —

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, No 8 Cemetery Third Road

Date of Burial, Oct-29

Undertaker, Fry & Zyo

Place of Business, 5th & Broadway

Wm H Clendinen, M. D.
Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Gammie

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 50 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Butcher

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 210 Hanford Avenue

Cause of Death, { First (Primary,) Chronic Inflamation of Stomach & Liver / Second (Immediate,) & Ascites

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, 30 Oct & Oct 31st

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw St

O. S. Mahon M. D.
Medical Attendant.

Address, 138 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21610 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE.

Date of Death, Oct 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johannah Schu

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 34 Poultney St

Cause of Death, First (Primary,)

Second (Immediate,) Anaemia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Semetary

Date of Burial, 29. Oct. 1877.

Undertaker, Frederick Pole

Place of Business, 425 Crosstreet *Address* Shapelburg

Dr. Cyff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

OCT 29 BALTIMORE

Permit No. 21611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick N. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 15 Mos Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 15 Union alley

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Spasm —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Saint Cemetery

Date of Burial, Oct. 29.

Undertaker, William A. Lingnue

Place of Business, 62. East St

J. J. Grove, M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. #21612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. #21612

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Sillicia Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Pneumonia 100 S. Sticker St

Cause of Death, {First (Primary,) Pneumonia — Second (Immediate,) .....}

Duration of Last Sickness, One week —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, oct 30th 1877

Undertaker, J. N. Cook

Place of Business, No 707 W Baltimore Street

M. L. Leguen M. D.
Medical Attendant.

Address 57 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No 2163

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29. 4 oclock am

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael. Mc Colgan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 6 *Months,* 0 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty five

Place of Death, {Give street and number.} 81 Fridrich Road.

Cause of Death, First (Primary,) Pneumeni

Second (Immediate,) Hamoraige

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, oct 31 st 1877

John J. Fitzer M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 1707 N. Baltimore Street

Address 81 Nord Eutra Baltimore. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hessiaro

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 118 Boyd St. Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 118 Boyd St. Balto City

Cause of Death, First (Primary,) Measles

Second (Immediate,) Pneumonia followed by exhaustion

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Oct 30th 1877

Undertaker, D B Cook

Place of Business, 1202 W Baltimore Street

J. Shelton Hill M. D.
Medical Attendant.

Address 432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. OCT 29 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Allsop.

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, — *Years,* 3 *Months,* 12 *Days*

Color, Black

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, nursing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} ~~180~~ 108 Elbow Lane.

Cause of Death, {First (Primary,) Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Church Yd

Date of Burial, Oct 6 22

Undertaker, Wm Cub & Sons

Place of Business, 130 Mar 91

J. T. Sluyter M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Simpson

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, x *Years,* 3 *Months,* x *Days*

Color, C.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 154 Eager St.

Cause of Death, First (Primary,) Catarrh

Second (Immediate,)

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29th 1877

Undertaker, Wm J Gray

Place of Business, 65 Wesley St

H. J. Reynolds M.D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. # 21617

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Lawsen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 107 Conway St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30th 1877

Undertaker, A. Miller

Place of Business, 86 N. Paca St

J. H. Emmy M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No 21678

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

Date of Death, October 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lockett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* ~~Color~~ *Months,* White *Days.*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md all his life

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No 60 Russell St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, One weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 30th Oct 1877

Undertaker, N.W. Jenkins & Son

Place of Business, 16 & 18 S. Eutaw St

L. A. Bell M. D.
Medical Attendant.

Address 161 Stark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

21619

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Ebza Siegel~~ October 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elise Siegel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 9. *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 1/2 Pine St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 30th

Undertaker, Henry Brill

Place of Business, Fennett St 81

Louis (?) Horn M.D.
Medical Attendant.

Address 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 30 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj Benjes

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Two *Years,* Seven *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 29 N Pratt St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 30 1877

Undertaker, P. Kummedt

Place of Business, Mulberry St

M. D. Rhea M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L Lashaun

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, [illegible] *Years,* 13 *Months,* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} no

Occupation, "

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 108 Shroeder St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct 31 st 1877

Undertaker, H B Cook

Place of Business, No 707 W Baltimore Street

L. C. Dum M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty Five *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Keyseler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, About Forty years

Place of Death, {Give street and number.} # 733 W Lombard St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Oct 30 th 1877

J. G. Lentmann M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, # 1707 Baltimore street *Address* # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21123,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, b *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 yrs 7 mos

Place of Death, {Give street and number.} 208 Mullikin St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Asthenia

Duration of Last Sickness, I saw him but a few hours before death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 30 1877

Undertaker, Thos Locke

Place of Business, 56 Jefferson

Charles Moffit M. D.
Medical Attendant.

Address 84 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Mary Hopkins.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 10 *Days*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 313 Hamburg St.

Cause of Death, {First (Primary,) Not known. / Second (Immediate,) Convulsions.}

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Oct 30th 1877

Undertaker, F. A. Kerchner

Place of Business, Carrollton

J. W. White, M.D.
Medical Attendant.

Address, Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Hallen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 9 *Months,* 13 *Days.*

Color, White *Sex,* Male.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 60 Hanford Av.

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Dr. J. Boyer M. D.
Medical Attendant.

Date of Burial, Oct 31st

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21626,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unchristened Pinkard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 33 Patapsco St.

Cause of Death, First (Primary,) Malaria

Second (Immediate,) Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Patrick Cemetary

Date of Burial, October 30th 1877

J. A. Martin *M. D.*
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Eastern Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gertrude Wilson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, One *Years,* Two *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 170 Orleans St.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 170 Orleans St.

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,) Effusion within the brain

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 31st 1877

{*Undertaker,* Thos S Keighley

{*Place of Business,* 110 E Balto

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...STICS.

Permit No. 21628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#21628

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Bridget Smyth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Derry, Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 132 Hudson Street

Cause of Death, {First (Primary,) Erysipelas

{Second (Immediate,) Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, October 31, 1877

{*Undertaker,* M. A. Daigan

{*Place of Business,* 74 S. Broadway

Thos C. McShane M. D.
Medical Attendant.

Address 64 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis McCabe

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} No 49 Wilman St

Cause of Death, {First (Primary,) Bright's Kidney

— Hydrothorax.

Second (Immediate,) Abdit. 3 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's cemetery Govan Lic. Wm Whildidge M.D.

Medical Attendant.

Date of Burial, Oct 31 1877

Undertaker, James O'Byrne

Place of Business, No 63 So Frent St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Thomas Moore

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, one Months, 14 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Belair Road

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 368 McDonogh St

Cause of Death, { First (Primary,) Kicked by horse

Second (Immediate,) Lost left eye and portion of Frontal Bone Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Oct 30th 1877

Undertaker, Jno P Byrne

Place of Business, No 63 N Front St

W. T. White, M. D.
Medical Attendant.

Address 316 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 30 October

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Hoeffiz

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 45 *Years,* 8 *Months,* 8 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Saloonkeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Turkeyen 26 years in U. S.

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} S. Charles Street 58

Cause of Death, First (Primary,) Apoplexie

Second (Immediate,) Paralysis of the heart

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, 1 November

Undertaker, C. Kunkel

Place of Business, Park Street

A. T. Reinhard M.D.
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Naylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Penn

Duration of Residence in the City of Baltimore, About 4 Months

Place of Death, {Give street and number.} No 11 N Shakespeare St Balto Md

Cause of Death, First (Primary,) .....

Second (Immediate,) Heart Disease / Old age

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Oct 31st 1877

Undertaker, H. Jones & Co

Place of Business, 550 Fayette St

Penbrook M. Hanlon M. D.
Medical Attendant.

Address No 203 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Daniel 917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21633.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chares Edward Miles

Sex, Male or Female, {Cross out the words not required in this line.} Mal

Age, ~~Years~~, 14 *Months,* ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 120 Lyon St

Cause of Death, {First (Primary,) / Second (Immediate,)} Sclerhadustic Group

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30th 1877

Undertaker, Wm James Grey

Place of Business, 65 Mulberry St

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21034

REGISTRATION OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Maria Elizabeth Freyholz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Thirty Nine *Years,* Three *Months,* Eleven *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 244 S. Ann St.

Cause of Death, First (Primary.) Consumption

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemy

Date of Burial, Oct 30th 1877

Undertaker, H. Fiedlich

Place of Business, 246 Eastern Av

Wm H. Clendinen, M. D.
Medical Attendant.

Address No. 102 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ETICS.

Permit No. 21135 — #21635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Henry Jones.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 17. *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 79 Chestnut St.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 31 1877

Undertaker, Hurst Burgee

Place of Business, 1062 East St

Edward F. McGee M.D.
Medical Attendant.

Address 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 29th, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Murray Hall.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White. *Sex,*

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 10 Jackson St.

Cause of Death, First (Primary,) "Myelitis"

Second (Immediate,) "Embolism"

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty Alan L Smith M. D.

Date of Burial, Oct 31st 1877 Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 411 E Balto *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Thomas

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... 10 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 Eight St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem. P.B.

Date of Burial, October 31

Undertaker, H. Diffel

Place of Business, Sond st st 151

R. H. Mansfield M.D.
Medical Attendant.

Address, 117 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21638 #21638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Weston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* six weeks *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Six weeks

Place of Death, {Give street and number.} No 14 Londa St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 31st 1877

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill Av

B F Bohrer M.D.
Medical Attendant.

Address Cor Dolphin & Druid Hill Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31. the 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Buddemajer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 9 *Months,* 1 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty

Place of Death, {Give street and number.} No 20 S Wolf

Cause of Death, First (Primary,) Tumors

Second (Immediate,) Enteritis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, November 1st

Undertaker, H Frechlich

Place of Business, 246 Eastern Ave

John L. Filzer. M. D.
Medical Attendant.

Address 81 Ford Entn Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie McLure

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, about One year

Place of Death, {Give street and number.} A. S. Gilmor

Cause of Death, First (Primary,) Pseudo Membranous Croup

Second (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Virginia *Date of Burial,* Oct 31st 1877

Wm. G. Hayden M. D.
Medical Attendant.

Undertaker, Clemmitt & Co *Place of Business,* 341 Pa ave *Address* Canal P. O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Sheetal by M. & O. R. R.

[OVER.

Permit No. 21641

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fuller

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 120 Somerset

Cause of Death, First (Primary,)

Second (Immediate,) Congestion of the Kidneys

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 1 1877

Undertaker, Henry Hack

Place of Business, 309 Central Ave

Jno. Booth Boyle M.D.
Medical Attendant.

Address, 466 E. Eager st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 30. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bisley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 143 York St

Cause of Death, First (Primary,) ....

Second (Immediate,) Diphtheria

Duration of Last Sickness, 10. days

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cem.

Date of Burial, Nov 1 1877

Undertaker, Conaghay & Bro

Place of Business, Light St

Theodore Cotta M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Cheney

Sex, Male or Female, {Cross out the word not required in this line.} ✓

Age, 2. *Years,* 10. *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 2 McCabes Ct

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Phthisis

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, November 1st

Undertaker, Wm. A. Frill

Place of Business, 11 Hanover St.

Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21644 #21644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosine Weibinger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Barre St. 238

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 1st November

H. Albers M.D.
Medical Attendant.

Undertaker, Geo. Grimbach.

Place of Business, 389 W. Pratt St.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31 st 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Dawson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* —— 5 *Months,* —— 15 ——— *Days.*

Color, white *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months.

Place of Death, {Give street and number.} 169. N. Calvert

Cause of Death, First (Primary,) Dipsitheria

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Nov. 1st 77

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St. *Address* 131 N Charles St

H W Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Doyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* five *Months,* Eleven *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 136 Franklin st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Hydrocephaloid disease

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 1st 1877

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Thomas Shearer M. D.
Medical Attendant.

Address 97 E Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Pinder

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 129 N. Bethel St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 1 1877

Undertaker, Wm N Dangle

Place of Business, N 62 East st

John S. Lynch M. D.
Medical Attendant.

Address S.E. Broadway & Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabetha Albrecht

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 35. *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 11. Years

Place of Death, {Give street and number.} N.10. Longfax & S. Baltimore

Cause of Death, First (Primary,) Typhus abdominalis

Second (Immediate,)

Duration of Last Sickness, 35 Days

All the above information should be furnished by the Physician.

Place of Burial, Mayers Barry Cem

Date of Burial, Nov 1 th

D.H. Pa Lenke M. D.
Medical Attendant.

Undertaker, Henry Brule

Place of Business, Henrietta St 81

Address N. 88. E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21649.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 31. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ziegler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1. *Years,* 1. *Months,* 11. *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Vater . Beer Brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Walker Av,

Cause of Death, First (Primary,) Tussis convulsiva

Second (Immediate,) Marasmus

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 2nd

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn Avs

H. N. R. Smith M. D.
Medical Attendant.

Address N. 88 E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21650.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W. Dunnett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 18 *Months,* ..... 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 171- North Eutaw St.

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 2nd 1877

Undertaker, Jacob Weaver

Place of Business, [illegible] *Address* .....

Felix Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 31st 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George John Schaaf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 Grindall St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Uraemia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 1st

Undertaker, C. F. Krause

Place of Business, 209 Eleanor

G. Liebmann M. D.
68 N. Front Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 21652 #21652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40? *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown German probably

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Found Drowned Fred St Dock

Cause of Death, First (Primary,) Accidental Drowning

Second (Immediate,) Coroners Jury Verdict

Duration of Last Sickness, Unknown dead

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, Nov 1st

Undertaker, Charles Dressner

Place of Business, Pratt & Chester Sts

Edwd R Walker M.D.
Medical Attendant.

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21653

HEALTH DEPARTMENT NOV 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murphy

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 5 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bath City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 22 Penn st

Cause of Death, First (Primary,)

Second (Immediate,) Whooping Cough

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, November 1

Undertaker, F B Cook

Place of Business, 707 West Baltimore

Geo C Lyle Coroner M.D.
Medical Attendant.

Address, 229 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Rase Jase

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Years, 8 Months, 15 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 146 Harford Ave

Cause of Death, First (Primary,)

Second (Immediate,) Acute Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Co

Date of Burial, Nov 1 St 77

Undertaker, John I Rodenmyer

Place of Business, Cor Greenmount Ave & Monument St

Jno Brooke Boyle M.D.
Medical Attendant.

Address, 66 E. Lager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No 918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21155.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 50 Ramsay St.

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Nov 2nd 1877

Undertaker, Thos Shea & Co

Place of Business, 55 0 Fayette St *Address*

Jos. Smith *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21636

OFFICE OF REGISTRAR OF VITAL STATISTICS. BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31 st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Amrehn

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 46 *Years,* 7 *Months,* 13. *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~Chronic Atrophy Liver~~ 198. Harford ave

Cause of Death, {First (Primary,) Chronic Atrophy Liver. Second (Immediate,) Anaemia

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Nov 2 1877

Undertaker, Henry Meek

Place of Business, 309 Central Ave

Louis B Horn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS. BALTIMORE

Permit No. 21657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida A. Shaffer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 3 *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 21 —

Place of Death, {Give street and number.} 157 Townsend st

Cause of Death, First (Primary,) —

Second (Immediate,) acute Phthisis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Londen Park *William Lee* M. D.

Medical Attendant.

Date of Burial, Nov 1

Undertaker, C W Blizzard

Place of Business, 201 Pen av *Address* Eutaw & Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21658 — Office of Registrar of Vital [illegible] Baltimore

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31. 1917

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Dr Squires

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 10 Mbre St

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) " Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Rose

Date of Burial, November 2nd 17

Undertaker, C H Blizzard

Place of Business, 701 Penna Ave

W H Hammond M.D.
Medical Attendant.

Address, 53 N Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31. 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob M. Carroll

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One Years, Two Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 N. Green St

Cause of Death, First (Primary,) Convulsions

Second (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 1st 1877

~~Undertaker~~ Father, Jacob Carroll

Place of Business, 27 N Green St. Address Catholic Cemetery

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 21661 #21661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 mo 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James. Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 80 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Retired merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 59 years.

Place of Death, {Give street and number.} 304 Madison Avenue.

Cause of Death, First (Primary,) Softning of the Brain

Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 3rd 1877

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

Wm Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21,642

OFFICE OF REGISTRAR OF VITAL STATISTICS

BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel A. Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coal Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 256 N Gilmor st

Cause of Death, {First (Primary,)} Hypertrophy & Tubular disease of the Heart {Second (Immediate,)} Dropsy

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 3rd 1877

Undertaker, John W. Weaver

Place of Business, ~~#~~ 22 W. Fayette St

Thomas Shearer M. D.
Medical Attendant.

Address 97 E. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21119, # 21663

BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Chaspel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* — *Days.*

Color, Colr.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} N: 56 St. Paul St.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,) Asthma.

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12 1877

Undertaker, John J. Blackburn

Place of Business, West Balto St.

Jno. T. Powell, M.D.
Medical Attendant.

Address 224 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21664

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT NOV 2 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude H W Clure

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bells.

Duration of Residence in the City of Baltimore, 2 ½ years

Place of Death, {Give street and number.} 399 Saratoga West of Fremont

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov 2 1877

Undertaker, Peter Kimmel

Place of Business, 311 Baltimore St.

Louis McLaman *M. D.*
Medical Attendant.

Address 349 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
NOV 2 1877
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Pullett

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 235 Cross St.

Cause of Death, First (Primary,) Membranous Croup.

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Lawrenceville

Date of Burial, Nov 2.

Undertaker, Keul & Boyd

Place of Business, 180 Pitts. St

J. H. White, M.D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elcanora Innals

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} B Co,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 215 Hamburg st.

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Bronchitis

Duration of Last Sickness, about 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 2

Undertaker, Hexter Bros.

Place of Business, 136 N. Eutaw St.

Stanley Hall M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Permit No. 21667 #21667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th mo 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Hoffner

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 63 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland, during his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 555 Franklin St.

Cause of Death, First (Primary,) Disease Heart mitral valve

Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Nov 3rd 1877

Undertaker, J B Cook

Place of Business, No 707 N. Baltimore Street

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE

Permit No. 21648,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 November 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Hufnagel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 225 Canton.

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatina

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Nov 3rd 1877

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

O Hartman M. D.
Medical Attendant.

Address 57 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL [illegible] BALTIMORE.

Permit No. 21669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Meade

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Four *Months,* ____ *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} 103 Orchard St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ____

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemetery

Date of Burial, Nov. 2nd 1877

Undertaker, Mrs. A. Bishop

Place of Business, 91 Druid Hill Ave

H. A. Ware M. D.
Medical Attendant.

Address 354 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21670 # 21670

BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 575 W. Lombard St

Cause of Death, {First (Primary,) Dysentery

{Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 2

{*Undertaker,* Wm. M. Leonard & Son

{*Place of Business,* 782 W. Baltimore

W. R. Cochran M. D.
Medical Attendant.

Address 582 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877

BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Reed.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Georgia

Duration of Residence in the City of Baltimore, about 5 Years.

Place of Death, {Give street and number.} #146 S. Charles St.

Cause of Death, First (Primary,) Scrofulous Tuberculosis.

Second (Immediate,)

Duration of Last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov. 3 1877.

Undertaker, S. Shaw

Place of Business, 69 Howard St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transcript 919

Permit No. 21,672.

OFFICE OF REGISTRAR OF VITAL STATISTICS. BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Mitchell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — 82 — *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~Married, Single, Widow~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Caulker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Centreville — Md.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} No 167 Holly st

Cause of Death, {First (Primary,) Angina Pectoris

{Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Lowell cemetery.

Date of Burial, Nov 2.

Undertaker, John W. Locke

Place of Business, 59 S. Wolfe st

Thomas J. Evans M.D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21673,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dewarnitzky

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 6 *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Abbott Street,

Cause of Death, {First (Primary,) Whooping Cough

{Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St James Cem Jas A Steuart M.D.

Date of Burial, Nov. 2nd 1877

Undertaker, Adam Fink *Address,* Comms of Health

Place of Business, 461 N. Gay St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dewarnitzky Father

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paulina Güttlein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Würtemberg, Germany, 25 years in U.S.

Duration of Residence in the City of Baltimore, 25 years,

Place of Death, {Give street and number.} # 67 Bank St. near Caroline St.

Cause of Death, First (Primary,) Asthma accompanied by acute Bronchitis,

Second (Immediate,)

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Nov 2 1877

Undertaker, C. Eckhart

Place of Business, 269 Canton.

John H. Rehberger M.D.
Medical Attendant.

Address 243 Alice anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 27,175 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1 st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Heile

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 1 Day & 15 Hours Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 42 Jackson st

Cause of Death, First (Primary,) — Premature birth, —

Second (Immediate,) Cause unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauriden Park Cemty

Date of Burial, Nov 2. d 1877.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St

Thomas J. Evans M. D.
Medical Attendant.

Address No 42 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L Grayson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* Two *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 33 Booth Street

Cause of Death, First (Primary,)

Second (Immediate,) Membranous Croup

Duration of Last Sickness, Nine days a Second child The last one sick All the above information should be furnished by the Physician. Nor had he had any treatment previous

Place of Burial, Laurel Cemetery

Date of Burial, November 3d

Undertaker, Wm. A. Lingane

Place of Business, 10 Hoken Alley

Chas. Wm. Nesbit M. D.
Medical Attendant.

Address 306 ½ Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 2 1877 BALTIMORE

Permit No. 21477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverta Smith

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 Jefferson St

Cause of Death, First (Primary,) Mal nutrition

Second (Immediate,) Inanition

Duration of Last Sickness, all its Life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3rd 1877

Undertaker, W. M. Bruce

Place of Business, East St

Thos. A. Clements M.D.

~~Medical Attendant.~~

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Martha Ennes Mother

OVER

Permit No. 27178

OFFICE OF REGISTRAR OF VITAL STATISTICS. 1877. BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Two Months, Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 34 McDonough St.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 4. 1877

Undertaker, Henry Hyde

Place of Business, 609 Central Ave.

H. H. White M. D.
Medical Attendant.

Address 341 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS BALTIMORE.

Permit No. 21679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Command

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25 S. Register St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 3rd 1877

Undertaker, A. Kohler

Place of Business, 254 E. Lombard St.

James A Steuart M.D.
~~Health~~ Hospital

Address, Commissioners of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Morris Command Brother

[over]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE.

Permit No. 27680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Power

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 22 Conway

Cause of Death, First (Primary,) Duchenne's disease

Second (Immediate,)

Duration of Last Sickness, 13 years.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, September 2d 1877

Undertaker, Chas. Elliott

Place of Business, 161 Saratoga St

D Lucas M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21,181.

OFFICE OF REGISTRAR OF VITAL STATISTICS. BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Ahmann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 181 York St.

Cause of Death, {First (Primary,) Second (Immediate,)} Inanition

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Burying Ground

Date of Burial, Nov 2/77

Undertaker, Jacob Davis

Place of Business, 103 Lee St

R. M. Haed M.D.
Medical Attendant.

Address 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Kiff.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* 3 *Months,* 28 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number.} 119 N Eden St

Cause of Death, First (Primary,) Laryngeal Phthisis

Second (Immediate,) Asthenia &c.

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, N E Cemetery, Belair Road

Date of Burial, Nov 3 /77

Undertaker, Fry & Bro

Place of Business, 34 W Broadway

D Webster Bartlett M. D.
Medical Attendant.

Address 2 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 27683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d November 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassie Bell Webster

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* *Months,* One (1) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 2 St. Cor. Lombard and Chester Sts.

Cause of Death, First (Primary.) Cyanosis

Second (Immediate.) Apnoea

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, N.E. Cemetery Old Road

Date of Burial, Nov 3/77

Undertaker, Fry & Bro

Place of Business, 132 S. Broadway

Medical Attendant, J. Lawson Wilkins M.D.

Address, 97 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21684

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~when~~ *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd November 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Hiengst

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ____ *Years,* 10 *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No. 337 Cathedral St

Duration of Residence in the City of Baltimore, All of it since

Place of Death, { Give street and number. } No. 337 Cathedral

Cause of Death, { First (Primary,) Brain fever

Second (Immediate,)

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park

Date of Burial, November 3rd 1877

W. T. Howard M. D.
Medical Attendant.

Undertaker, C. J. Schriver

Place of Business, Eutaw st cor Rose st *Address* Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Schott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 91 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 424, W. Baltimore St.

Cause of Death, First (Primary,) Weakness of

Second (Immediate,) Old Age

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial Nov. 4th 1877.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Morris Wiener M. D.
Medical Attendant.

Address 249, W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 21186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, first day of November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Hoff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty Years, ——— Months, Nine Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoe Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dover City - Del

Duration of Residence in the City of Baltimore, thirty Years

Place of Death, {Give street and number.} 101 Perkins St

Cause of Death, {First (Primary,) ———— Second (Immediate,) Consumption

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 4th 1877

Undertaker, Chas F Hand

Place of Business, 101 Hanover Street

P. H. Batchelor M. D.
Medical Attendant.

Address ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Seeger

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* —— *Months,* —— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 136 S. Wolf St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Eclampsia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Nov 3d 1877

Undertaker, Leon C. Bilz

Place of Business, 129 Jn S. Broadway

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21687

OFFICE OF REGISTRAR OF VITAL STA

CERTIFICATE OF DEATH

Date of death: 1st of Nov. 1877

Name of deceased: Henry Seeger

Male

Age: 3 years

Color: White

Place of death: 136 S. Wolfe St.

Cause of death { First: Pneumonia
Second: Eclampsia

Duration of the sickness: 1 week

Place of burial: St. Paul's Cemetery — Protestant

Date of burial: 3d of Nov 1877 — St. Mathew's

Undertaker: L. Kitz — 245 S. Bethesda

129½ S. Broadway.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Webb

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 years 3 Month

Place of Death, {Give street and number.} 61 N Charles St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 4th 10 a.m.

Undertaker, Stewart & Moore

Place of Business, 33 Park ave

L McLane Tiffany M. D.
Medical Attendant.

Address 31 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H Charles C. Ashew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Eight Months, 9 Nine Days.

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 Paca St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Ins Oliver Cem

Date of Burial, Nov 4th 1877

Undertaker, Thos L Hughes

Place of Business, 64 E Balto

Edwd L Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 6701 # 21690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2 November 1867.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Conlin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 16 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 5 King Street

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Spasms.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 5th 1867

Undertaker, John S Meagher

Place of Business, 150 Camden St

Maurice Brewer M.D.
Medical Attendant.

Address 201 W Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 6771 # 21691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Hubbard,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, white.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Rigger

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co. Md. fifty years,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 116 S. Eden St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Consumption

Duration of Last Sickness, Three months,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, November 6th 1877.

Undertaker, Wm. H. Richman

Place of Business, 234 N. Gay St.

L. Blandlestine M.D.
Medical Attendant.

Address Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L Wohlbein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 2 2 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 139 Lisbon St

Cause of Death, {First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 4th

Undertaker, Geo. Schilling

Place of Business, 18 East Lyon

Sandl. T. Powell M. D.
Medical Attendant.

Address No 29 Lisbon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

21693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anna Sittig

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 369 N Central Ave

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 5th

Undertaker, Geo Schilling

Place of Business, Ashland Square

W. L. Keyser M. D.
Medical Attendant.

Address 1 W Fayette Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Thomas.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 21 *Days.*

Color, Colk - *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and number.} 2 Inwin Alley

Cause of Death, {First (Primary,) Marasmus -
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 3d 1877

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

J. G. Matthews M. D.
Medical Attendant.

Address Cor. Fayette & Paca sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William & Nanny Sanders

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 8 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #550 Aisquith St.

Cause of Death, First (Primary,) Diphtheritic Scarlatina

Second (Immediate,) Apnoea

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, November 4 1877

Undertaker, Henry Koch

Place of Business, 309 Central Ave

Geo. A. Harlan M.D.
Medical Attendant.

Address. #305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Warring Thompson.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 10 *Months,* *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 210 Sharp St

Cause of Death, First (Primary,) Hereditary Tuberculosis

Second (Immediate,) Tuberculosis.

Duration of Last Sickness, Two Week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 4th 1877

H. P. Morgan M. D.
Medical Attendant.

Undertaker, Chas. F. Keidel

Place of Business, 161 Lombard St

Address 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 18 *Days.*

Color, White *Sex.* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 77 Hartford av

Cause of Death, {First (Primary,) Tabes mesenterica

{Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Geo B Reynolds M. D.

Date of Burial, Nov 4th 1877 Medical Attendant.

Undertaker, Geo L. Rodemayer *Address* 4 N. Calvert

Place of Business, 38 Eden al

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 1198. #21698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* ——— *Days.*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Md

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give street and number.} 273 Forest St

Cause of Death, {First (Primary,) Second (Immediate.)} Scarlet Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, Nov 4th 1877

Undertaker, Henry J. Hoeak

Place of Business, 309 N. Central Ave

Silas W. Hunter M.D.
Medical Attendant.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 2. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anne Lescaleet

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* 10 *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~ *Single,* ~~Widowed~~, {Cross out the words not required in this line.}

Occupation, Companion

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carrol Co. Maryland

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 180 E Baltimore Street

Cause of Death, First (Primary,) Phthisis Pulmon.

Second (Immediate,) Enteritis (Diarrhoeal)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Sunday Nov

Undertaker, Chas. L. Sampson

Place of Business, 216 W Eutaw

Shotwell Townsend M. D.
Medical Attendant.

Address 216 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 2th 20 m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred John Kalisch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 0 *Months,* 0 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} 46 Abi Alley

Cause of Death, First (Primary,)

Second (Immediate,) Cancer of the Stomach

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Westsine Cem. John I Tiffer M. D.

Date of Burial, Nov 4th 1877 Medical Attendant.

Undertaker, Julius Rachlin

Place of Business, 80 Marsh Cross st. *Address* 81 Nord Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward T Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No 348 Orleans st

Cause of Death, First (Primary,) Convulsions I have not attended the child, have seen it after death

Second (Immediate,)

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 5th 1877.

L C Mulderrick M.D.
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N Eden St

Address 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2: 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Langford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty two *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Since seven years ago

Place of Death, {Give street and number.} 139 Pierce st

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Sam'l H. Andrews M. D.

Date of Burial, Nov 4th Medical Attendant.

Undertaker, P. Kinnoil

Place of Business, 311 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21703,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lollman

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, —— *Years,* —— *Months,* 8 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 58 S. Wolf Street

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, all its Life more or less

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem. Thos A Means M. D.

Date of Burial, Nov 4th 1877 Medical Attendant.

Undertaker, Michael Frank

Place of Business,

Address, Commrs of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Asst Sanitary Inspector

[OVER.]

Permit No. 21704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Robinson Jr.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — 18 Minutes

Color, Black - (Mulatto)

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No. 9 Wilmer alley

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 9 Wilmer alley

Cause of Death, First (Primary,) Delay of birth, owing to deformity maternal pelvis ordained by Providence

Second (Immediate,) Asphyxia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Nov 4th 1877

Undertaker, F. A. Kerchner

Place of Business, S. Carroll Ave

Robert H. Mifflin M. D.
Medical Attendant.

Address No. 87 North Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Viola E. Bown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* 21 *Days.*

Color, White *Sex,* Female.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Entire lifetime.

Place of Death, {Give street and number.} 484 E Chase St.

Cause of Death, First (Primary,) Convulsions &c induced by an older

~~Second (Immediate,)~~ child overlying it during sleep.

Duration of Last Sickness, Was just recovering from Marasmus.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount *D. Webster Cathell* *M. D.*

Date of Burial, Nov 5th 1877 Medical Attendant.

Undertaker, W. H. Hickman

Place of Business, Gay St *Address* 2 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT NOV 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Fink,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cremaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 13 S. Central Av.

Cause of Death, First (Primary,) Dropsy,

Second (Immediate,)

Duration of Last Sickness, 7 Months,

All the above information should be furnished by the Physician

Place of Burial, Lonely Church Yard

Date of Burial, Nov 4 1877

Undertaker, Thos C Hughes

Place of Business, 60 E Baltimore

I. N. Hack M. D.
Medical Attendant.

Address 95 E. Pulteney St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21707

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sixth of November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Lindsay

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 48 *Years,* — *Months,* — *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore M-d.

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} No 6 Edau Alley

Cause of Death, First (Primary,) —

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, one year and 6 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetary

Date of Burial, November the 4

Undertaker, William A Runyee

Place of Business, 62 East St

E. A. Gillis M.D.
Medical Attendant.

Address, 158 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21708 ~~21708~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Taylor

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7 Paca St But Brought to

Cause of Death, First (Primary,) Eating Green Paint

Second (Immediate,) Result of the Poison

Duration of Last Sickness, Almt 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 4 th 1877

Undertaker, J C B Cook

Place of Business, No 704 W Baltimore Street

W K Eichman M. D.
Medical Attendant.

Address 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21709 *21709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Cross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 3 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 Cambridge St.

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetary

Date of Burial, Nov 5

Undertaker, W. L. Watkins

Place of Business, 191 S Bond St

James F. McShane M. D.
Medical Attendant.

Address 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma C. Stall

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 231 Argyle avenue

Cause of Death, First (Primary,)

Second (Immediate,) Tuma of Brain

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Western cem't F. T. Miles *M. D.*

Medical Attendant.

Date of Burial, 4 Nov

Undertaker, J. J. Chalmers

Place of Business, ~~2602 Harford~~ 242 Aisquith *Address* 24 Cathedral st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21711 421711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jokey St Paul

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Pin Oak & Lexington Sts

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore Pin Oak & Lexington Sts

Cause of Death, {First (Primary,) Baltimore / Second (Immediate,)}

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 4

Undertaker, Baltimore

Place of Business, 262 Pratt

6 J Reed M. D.
Medical Attendant.

Address Corner Pin Oak & Lexington Sts City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

5 1877 BALTIMORE

Permit No. 21712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Temple

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 80 Lancaster St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 2 1877

Undertaker, M. A Saiger

Place of Business, 74 S. Broadway

James A Steuart M.D.

~~Medical Attendant.~~

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Family

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 3 1877 BALTIMORE MD

Permit No. 21713,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3 d. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Napoleon Dorsey

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 65 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoe Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Somerset Co. Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} Lying in Asylum

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Nov 5, 1877

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

L. L. Gill M.D.
Medical Attendant.

Address, 40 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8 — 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Held

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* Nine — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 20 Lemmon Alley

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 20 Lemmon Alley

Cause of Death, First (Primary,) Cirrhosis —

Second (Immediate,) .....

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 9th

Undertaker, Henry Breihan

Place of Business, Bonaitta A 81

J. H. Rieman M.D.

Medical Attendant.

Address, 84 Walbury St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21715

OFFICE OF REGISTRAR OF VITAL STATISTICS, BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Clay Angel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Three Months, Thirty Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 510 E. Monument St.

Cause of Death, First (Primary,) ....

Second (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery

Date of Burial, Nov 6 1877

Undertaker, W. H. Fleetwood

Place of Business, Gay St

Wm H. Glendinen, M. D.
Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Parker Plummer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~=~~ *Years,* ~~=~~ *Months,* 2 2 1/2 hours ~~Days.~~

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 409 N. Carey St.

Cause of Death, { First (Primary,) Born feeble, imperfect circulation
Second (Immediate,) due to Malformation of heart probably

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Nov. 5 77

Dr. H. Carey Thomas, M. D.
Medical Attendant.

{ *Undertaker,* H.W. Jenkins & Son
{ *Place of Business,* 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21717

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Tillet Brien

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 1 *Years,* 9 *Months,* ——— *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 109 Plum Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 404 Eutaw St

Cause of Death, { First (Primary,) Chronic Croup

Second (Immediate,) Sepsis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 5th 1897

J W Smith M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Marshall Brookes St. *Address* 260 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21718

OFFICE OF REGISTRAR OF VITAL STATISTICS

NOV 2 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2d November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nina Sadler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} East City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 97 Ross Street

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 4th 1877

Undertaker, Wm H Disney Jr

Place of Business, 97 Bond Street ave

Matthew Brewer M. D.
Medical Attendant.

Address 201 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Swim

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower; {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 96 N. Fremont St.

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 6th of Nov.

Undertaker, I Kinnert

Place of Business, 311 Mulberry

H. F. Hill M. D.
Medical Attendant.

Address N. E. Cor Fremont and Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21720

OFFICE OF REGISTRAR OF VITAL STATISTICS

1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. V Hutchinson

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, ~~Balt. Infirmary~~ 27yrs

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, First (Primary,) Fracture of Skull

Second (Immediate,) Haemorrhage

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 5 1877

Undertaker, C. F. Kraus

Place of Business, Hanna St

T. A. Ashby M.D.

Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2172

OFFICE OF REGISTRAR OF VITAL STATISTICS. 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hett

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} McPersons Croping. B P Ohio R Roa

Cause of Death, First (Primary,)

Second (Immediate,) crushed by R R Car.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N Aloysius

Date of Burial, Oct 5th 1877

Undertaker, Chas Schaefer

Place of Business, No 150 Canton

Geo Ogle Comer M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Certificate No. 21722 #21722

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 97

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Cromer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 53 Wyeth St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 5th 1897

Undertaker, John S Mackie

Place of Business, No 150 Camden

J A Kenny *M. D.*
Medical Attendant.

Address 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisco Bruder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — 57 — *Years,* — 8 — *Months,* — 14 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 Years and [illegible]

Place of Death, {Give street and number.} No 33 Chapel st

Cause of Death, First (Primary,) Cancer of the Rectum

Second (Immediate,) Nine Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Nov. 5th '77

Undertaker, Michael Frank

Place of Business, No 280 Canton Ave

Thomas D. Evans M.D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21724 # 21724

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cook

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Keeps Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland Co. Tyrone

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Eutaw House

Cause of Death, {First (Primary.) Child-Bed Fever / Second (Immediate.)}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, Nov 5th 1877

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Avenue

M J Cook M. D.
Medical Attendant.

Address Eutaw House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21725 #21725

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd '77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 107 Eastern Ave Fells Point | 3 1 ward

Cause of Death, First (Primary,) Accidental fall

Second (Immediate,) Fracture of skull

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 5 — 77

Undertaker, John I Rodenmayer

Place of Business, cor Fleet and Monument Sts

Edmund Brady M. D.
Medical Attendant.

Address Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS. BALTIMORE

Permit No. 21726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Robert~~ Noah Campbell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* *Months,* 7/ *Days.*

Color, Colored *Sex,* ____

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 101 McClean Ct

Cause of Death, { First (Primary,) Dyptheria
Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial Catholic Cemetery E H Cullen M. D.
Medical Attendant.

Date of Burial, Nov 4. 1877

Undertaker, Edward A White Address 151 Aisquith

Place of Business, No 35 Granby St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Philadelphia Road, Balto

Cause of Death, { First (Primary,) Debility

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, Nov 6th 1877

Undertaker, Thos S. Hughes

Place of Business, Balto St *Address*

C. H. Wards *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21728 #21728

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Winter 3rd 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Norman Wright

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Gentleman~~ Washington D C

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, During life —

Place of Death, {Give street and number.} 168 N. Stricker

Cause of Death, {First (Primary,) Peritonitis —
Second (Immediate,)}

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Nov. 5-87

Undertaker, Blackistan & Son

Place of Business, 606 W. Balto. St.

W. R. Winans M. D.
Medical Attendant.

Address 582 W. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21729

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Constantina V. Quatmann

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Sixty Four. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25. Years

Place of Death, {Give street and number.} No. 233 & 235 Canton Avenue

Cause of Death, {First (Primary,) Cancer of the Bowels

Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 7th 1877

Jno. H. Henderson, M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 232 Canton Ave

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21730

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 3 1877 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. E. Hanaway

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 201 Mulberry St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 5th 1877

Undertaker, Jas. E. Loane

Place of Business, 58 W. Balto St

Felix Denker M.D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 5 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Schuhman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 11 *Months,* *Days.*

Color, white *Sex,* —

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} No 99 S. Spring St.

Cause of Death, First (Primary,) 3 Consumption.
Second (Immediate,) 3

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, 1st Ev St Paul Cemty

Date of Burial, Nov 6th 1877

Undertaker, H Froehlich

Place of Business, 246 Eastern Av *Address*

C. H. Lisk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Schonath

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 22 Patterson st

Cause of Death, First (Primary,) Burns from the 1st & 2nd degree

Second (Immediate,) Shock.

Duration of Last Sickness, 7 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Cemetery

Date of Burial, Aug. 6

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt St

Chas B Gorter M.D.
Resident Physician
Medical Attendant.

Address Wash. Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT NOV 3 1877 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21733,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gantt

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 7 *Days*

Color, Colo

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Hill Street

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Eclampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 6th 1877

James A Steuart M.D.

~~Medical Attendant.~~

Undertaker, Saml H Chase

Place of Business, Howard St

Address, Commissioners Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information G. Ames Gantt Father

OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8. 77.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Inskeo

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 4 *Months,* — *Days.*

Color, Blk

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portsmouth Va 5nd

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 76 Arch

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Sharon St.

Date of Burial, Nov 10th 1877

Undertaker, C. Feldman

Place of Business, 12 South Ave

L M Eastman M. D.
Medical Attendant.

Address 324 Lund

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21735

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carolina Regnart

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 5 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 67 Fayette St Baltimore Md

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dysentery

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 6th 77

John A. Ph. Parette M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address* N. 88 E. Lombard St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Permit No. 21361 #21736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilton Geo Nicklas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 25 S Stricker

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 5th 1877.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

S. H. Ogney M. D.
Medical Attendant.

Address 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah Newton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hagerstown Md

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number.} 540 W Fayette

Cause of Death, First (Primary,) Intestinal Cancer

Second (Immediate,)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetary

Date of Burial, Nov 6th 1877

Undertaker, Hughes & Co

Place of Business, 530 Fayette a.

J J Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21738

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Maxwell Twite (Parents)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 721 Hudson St

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 721 Hudson St.

Cause of Death, {First (Primary.) Inf Convulsions

Second (Immediate.)}

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov. 5, 1877.

Undertaker, H. A. Darje

Place of Business, 74 S. Broadway

E. J. Wilson, M. D.
Medical Attendant.

Address 721 Hudson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21739 #21739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Washington,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, Days.

Color, colored,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 23 Spring Pl.

Cause of Death, First (Primary,) Hydrocephalus.

Second (Immediate,) Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 5 1877

Undertaker, Theo Socks

Place of Business, 56 Jefferson

G. G. Rucks M. D.
Medical Attendant.

Address Balt. & Hook. Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 5 1877 BALTIMORE

Permit No. 21740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3/1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ebenezer Krieg

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 15 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Newsboy

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (13 yrs)

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First (Primary.) Tubercular Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Nov 5, 1877

Undertaker, Henry Roach

Place of Business, 301 Eutaw Ave

Oscar J. Cuthery M.D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Coates

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11th *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 Union Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 1877

{*Undertaker,* Wm Chase / *Place of Business,* 141 Howard} *Address* 57 d Pacas

Frank W. Gemmer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Willis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* 15 *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore. 5 years

Place of Death, {Give street and number.} 26 Dover street

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)}

Duration of Last Sickness, about 7 months

All the above information should be furnished by the Physician

Place of Burial, Sharp Cemetery

Date of Burial, Nov 6 1877

Undertaker, S. M. Chase

Place of Business,

H. Darling *M. D.*
Medical Attendant.

Address 143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21743.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha W Clarke

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 60 Raberg St.

Cause of Death, First (Primary,) Dipthenia

Second (Immediate,) "

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 5 1877

Undertaker, S H Chase

Place of Business, No 198 Howard St

John D Pennington M. D.
Medical Attendant.

Address 98 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dike

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

~~*Married,* *Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Warsaw

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 124 n Exeter

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Nov 6th 77

Undertaker, Wm Eilau

Place of Business, 181 Gough St

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

Permit No. 21745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Goard

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Hill Street

Cause of Death, {First (Primary,) ——— Second (Immediate,) Eclampsia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6th 1877

James A Steuart, M.D.
~~Medical Attendant.~~

Undertaker, S. H. Chase

Place of Business, Howard St

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Goard Father

OVER.

Permit No. 21746

OFFICE OF REGISTRAR OF VITAL STATISTICS.
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hagerty.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Miller.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, {Give street and number.} 37 Busch St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 17 Weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Nov 6 1877

Undertaker, James D Coyne

Place of Business, No 63 So Front St

Edward Duvall M. D.
Medical Attendant.

Address 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21747 *21747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny Norris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 11 *Months,* 15 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Oyster Seller

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Petersburg Va

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} North St Baptist Church. Res Boyd nr Barker

Cause of Death, First (Primary,) Division of Heart as pronounced by Dr Leigler N. W. U. Hospital

Second (Immediate,)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6 1877 Edmund Rowalker M. D.

Medical Attendant.

Undertaker, W. M. Dunbar

Place of Business, East 3rd *Address* Corner N. P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health, City of Baltimore, 1877

Permit No. 21748

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Murray

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 76 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Machinist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Glasgow, Scotland

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number.} 201 Hanover st.

Cause of Death, First (Primary,) —

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 3½ hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 7 1877

Undertaker, C F Krause

Place of Business, 209 Hanover st

R. C. Lee M.D.

~~Medical Attendant~~ Coroner 3d D.

Address, N W Cor Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Permit No. 21749

OFFICE OF REGISTRAR OF VITAL STATISTICS

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. & Mrs Reily (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* —— *Months,* 3 ~~5~~ minutes ~~Days~~

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Breck alley

Cause of Death, First (Primary,) ——— Second (Immediate,) Premature birth

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 6. 1877

Undertaker, B. Hamble

Place of Business, Light St

Theodore Cook M.D.
Medical Attendant.

Address 146 - Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 6 1877 BALTIMORE

Permit No. 21750.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Ernst

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 82 *Years,* *Months,* 2 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 4 years

Place of Death, {Give street and number.} No 10 Knox Alley

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Shock from fracturing leg

Duration of Last Sickness, Feeble for several years, Fractured 2 days ago but never recovered from the shock

All the above information should be furnished by the Physician.

Place of Burial, Druid hill Cemetry

Date of Burial, Nov. 6th 1877

Undertaker, Adam Weilemeyer

Place of Business, 518 W. Baltimore Str.

H. K. Fetterhoff M. D.
Medical Attendant.

Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th November 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Elliott.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty four *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, About Thirty five years.

Place of Death, {Give street and number.} No. Mr. Vernon Place.

Cause of Death, First (Primary,) Senile debility.

Second (Immediate.) Senile Exhaustion.

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. E. Van Bibber *M. D.*
Medical Attendant.

Date of Burial, Nov 7 1877

Undertaker, John J. Rodriguez *Address* 47. Franklin St.

Place of Business, Cor Greenmount Ave & Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 6 1877

Permit No. 21752

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Harry Winfield Taylor, died Nov. 5. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} the Same above,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventeen *Years,* Ten *Months,* Eighteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 44 Myrtle avenue

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Consumption

Duration of Last Sickness, About Eleven month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, November 7th 1877

Undertaker, Henry H. Moore

Place of Business, 45 North Gay St

Silas Baldwin M. D.

Medical Attendant.

Address 150 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 6 1877 BALTIMORE

Permit No. 21753.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as well as that, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Simon Kalm November 5th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Kalm

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 3 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bloomington Indiana

Duration of Residence in the City of Baltimore, One (1) year

Place of Death, {Give street and number.} 152 E. Monument Street

Cause of Death, First (Primary) Congestion of Lungs

Second (Immediate,) Asphyxia

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Nov 6th 77

Undertaker, M. Goldsmith

Place of Business, 97 N. Eden

S. Theobald M. D.
Medical Attendant.

Address 10 Exchange Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH 6 1877 BALTIMORE.

Permit No. 21754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wheeler.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 10 *Years,* 6. *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 163 W. Hoffman near ~~Dolphin~~ Grundy.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,) Blood Poisoning

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 7th 1877

Undertaker, Wm J Gray

Place of Business, 65 Middle

C. F. Bryan M. D.

Medical Attendant.

Address 341 Lindsay Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21755 14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 6 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Nov~~ Oct. 4. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Umphrey Belt.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 78 *Years,* 10 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Blacksmith.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 23 years -

Place of Death, {Give street and number.} 387 Franklin St -

Cause of Death, {First (Primary,) Paralysis (General)
Second (Immediate,)}

Duration of Last Sickness, 3 months -

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Balto Co

Date of Burial, Nov 6

Undertaker, C. W. Blizzard

Place of Business, 201 Lemar

J. W. C. Addy. *M. D.*
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 6 BALTIMORE

Permit No. 21756,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary E Lyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ~~72~~ *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia Richmond ~~Norfolk~~ Co.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} Pattinson Avenue No 75

Cause of Death, First (Primary,) Dysenteric Diarhoea

Second (Immediate,) Asthenia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Miltons wort Richmon co Va

Date of Burial, Nov 6.

Undertaker, C & R Lizzard *Address* Pattinson Avenue No 95

Place of Business, 241 Lenox

L G Sparrow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Burial 920

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT NOV 6 1877 BALTIMORE

Permit No. 21757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie L. Day

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 14 Years, 1 2 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} N. W. Cor. Gough and Duncan sts,

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, Nov. 7th 1877

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave.

G. L. McKew M.D.
Medical Attendant.

Address, 170 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Weber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Five *Years,* Four *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, In the U.S. 4 years & 9 months

Duration of Residence in the City of Baltimore, Four years & Nine months

Place of Death, {Give street and number.} 262 Hanover Street

Cause of Death, {First (Primary,) —— Second (Immediate,) Burned to death

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Nov 6th

Undertaker, Henry Brill

Place of Business, 116 Pratt St

J. K. Wiley *M. D.*
Medical Attendant.

Address 252 Hanover Street
Baltimore City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 6 1877 BALTIMORE

Date of Death, 5th November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 6 ~~Months~~, weeks ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 3 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Ce

Date of Burial, Nov 6th 1877

Undertaker, Sam Bowden

Place of Business, ——

Mabury Brown M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21760

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 6 1877 BALTIMORE

Date of Death, Nov 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Edward Lowell

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, Five *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Catonsville Balto Co

Duration of Residence in the City of Baltimore, About three years

Place of Death, {Give street and number.} No 8 Brewer Alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup.

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 6th 1877

Undertaker, Mr Bender

Place of Business, Biddle St

Elias C Price M. D.,
Medical Attendant.

Address 762 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT NOV 6 1877 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wm Kinkaid

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 124 E. Pratt St.

Cause of Death, {First (Primary,) } {Second (Immediate,)} Membranous Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, November 7

Undertaker, F B Cook

Place of Business, 407 West Baltimore St

Address [illegible]

H. L. S[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21762 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Tripp -

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female -

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, Servant -

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co - Md

Duration of Residence in the City of Baltimore, 20 years -

Place of Death, {Give street and number.} 8 S Gilmor St

Cause of Death, First (Primary,) Pleuro Pneumonia -

Second (Immediate,) .....

Duration of Last Sickness, Nine days -

All the above information should be furnished by the Physician.

Place of Burial, Sharsei St Cha A.M.E Church Ground

Date of Burial, Nov 7th 1877

Undertaker, Hughes & Co

Place of Business, 1130 Fayett St

W. G. Register - M. D.
Medical Attendant.

Address 8 W Fayette & Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 21763,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C W Poulton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *3 Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Rambo City Life

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 184 S Paca St

Cause of Death, {First (Primary,) ____ Second (Immediate,) Inflammation of Stomach & Bowels

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 7th 1877

Undertaker, Jos H. Loane

Place of Business, 568 W Balto St

A H Emmert M. D.
Medical Attendant.

Address 764 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21764

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Evans

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 30 S. Register St.

Cause of Death, {First (Primary,) Hardness / Second (Immediate,) Convulsions

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 7 1877

Undertaker, John W Socks

Place of Business, 59 Jefferson st

G. Scandlebrick M. D.
Medical Attendant.

Address Balt. & Pratt sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Leiser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 202 N Central ave

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns R C Cemetery

Date of Burial, November 8 1877

Undertaker, Henry Hoeck

Place of Business, 209 Central Ave

F. Albamer M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 1877 BALTIMORE

Permit No. 21766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Glover

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eighty Two *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} 32 Gernmont Avenue

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Lockjaw

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Nov 8th

D. P. Yeates M. D.
Medical Attendant.

Undertaker, Mullen

Place of Business, Harrison St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Francis 9th)

Permit No. 21767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Francis Smith

~~Sex~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Born & Ld. Balt.

Place of Death, {Give street and number.} 121

Cause of Death, {First (Primary,) Marasmus.
Second (Immediate.)

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Nov 7th 1877

Undertaker, Hy H. Mears

Place of Business, 45 N Gay St

Thos R Kenner M. D.
Medical Attendant.

Address 133 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James J. Goulden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* ~ *Months,* ~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Bookkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 168 Greenmount Ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral O. L. Richardson M. D.

Date of Burial, Nov 8th Medical Attendant.

Undertaker, H. C. Widefeld *Address* 138 N Eutaw St

Place of Business, 90 Greenmount av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 21769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 6th November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Buckmaster Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* 4 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Marys Co. Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 216 Montgomery st Balto.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 1 yr 10 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery P. H. Benson M. D.

Date of Burial, Nov 8th 1877 Medical Attendant.

Undertaker, Andrew Leib *Address* 187 Baltimore st

Place of Business, 118 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arina Bailey

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 76 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Virginia

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number.} 151 Raborg St

Cause of Death, First (Primary,) Pericarditis

Second (Immediate,)

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 7th

Undertaker, Wm. Ross

Place of Business, 130 Mt. St

J. Shelton Hill M. D.
Medical Attendant.

Address 432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Bertha (Josephine Bechdel)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Zollenhaus Baden

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Institute Notre Dame Augusta Sts

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius

Date of Burial, Nov. 8th

Undertaker, Adam Fink

Place of Business, 461 North Gay St

John F. Monmonier M. D.
Medical Attendant.

Address S.W. Colvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie S. Allen

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 160 N. Eut. St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Friday 9th

{*Undertaker,* Jacob Keener

{*Place of Business,* 476 Rose St

Miller Jenkins M. D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21773

HEALTH DEPARTMENT NOV 7 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Kesting

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 87 North Front

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 9th

Undertaker, F. A. Foll

Place of Business, 131. Hanover St.

G. Liebmann *M. D.*
Medical Attendant.

Address 68 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

H 8 1877 BALTIMORE

Permit No. 21774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice J. Wells

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} #57 Patterson Park ave

Cause of Death, First (Primary,) Complicated uterine disease

Second (Immediate,) Cardiac Paralysis

Duration of Last Sickness, Has been sick 15 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Nov. 8. 1877

Jos. C. Benziger *M: D:*
Medical Attendant.

Undertaker, Matthias A. Daiger.

Place of Business, 74 S. Broadway. *Address* N.E. Cor. Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21775

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Yale Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 3 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 293 E. Lombard St.

Cause of Death, First (Primary,) Burns & Exposure of body at burial

Second (Immediate,)

Duration of Last Sickness, 7 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov. 8, 1877

Undertaker, M. A. Dawson

Place of Business, 74 S. Broadway

Jamed E. Emmitt M. D.
Medical Attendant.

Address 1196 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7 " 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Tudor

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 84 *Years,* ——— *Months,* ——— *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 337 W. Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 9 " 1877

James A Steuart M.D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 150 W Fayette *Address,*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or singie) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21777

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie L Ducanny

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 12 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 95 Div. St.

Cause of Death, {First (Primary,) Dipt theria

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, November 8th 1877

Felix Jenkins M.D.
Medical Attendant.

Undertaker, C.H. Blizzard & Co *Address* 2 Calhoun St

Place of Business, 201 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21778

OFFICE OF REGISTRAR OF VITAL STATISTICS

1877

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th Nov 1877

Full Name of Deceased, {Write legibly and spell correctly. Give name in full, not nicknames. Give Christian name of infants.} May Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Goodmans Alley

Cause of Death, {First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 8th 1877

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross sts

[redacted] M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

1877

BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 215 South Paca St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 8th Dec.

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts

Arthur Rich M. D.
Medical Attendant.

Address 30 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 8 1877 BALTIMORE.

Permit No. 21780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christ. Mier

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 33 *Years,* 1 *Months,* 30 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boatman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, Living [illegible] time

Place of Death, {Give street and number.} 231 S. Bond St.

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Learned B.

Date of Burial, Nov. 9 th.

Undertaker, W. Diffel

Place of Business, S. Bond st 151

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Wm P

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21781,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara De Belius

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 34 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 117 E Baltimore St.

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Life (6) Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Nov. 8th.

Undertaker, W. Kissel

Place of Business, S. Bond st. 151

S. Lawrence Wilkins M.D.
Medical Attendant.

Address, 117 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE.

Permit No. 21782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Mary Enoch

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scott St No 163

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 63 Causey

Cause of Death, { First (Primary,) Exhaustion from Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 10 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 8th 1877

M. D.
Medical Attendant.

Undertaker, Wm Fitzgerald

Place of Business, 161 Hanover St. *Address* 175 W Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

BALTIMOR

Permit No. 21783,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ozzie White

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and number.} 106 W. Fayette st

Cause of Death, First (Primary,)

Second (Immediate,) Pulm: Consumption

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery D. F. Cogner M. D.

Medical Attendant.

Date of Burial, November 8th 1877

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 8 1877 BALTIMORE.

Permit No. 21784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary [illegible]

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 33 yrs in [illegible]

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number.} 62 Spring & John Sts

Cause of Death, {First (Primary,) old age

Second (Immediate,) Asthma

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, St German Reform Cemty

Date of Burial, Nov 9th 1877.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEA NOV 8 1877 BALTIMORE, MD.

Permit No. 21785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C McMullen.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Bookkeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire lifetime

Place of Death, {Give street and number.} 30 Edward Street

Cause of Death, First (Primary,) Pulmonary Tuberculosis.

Second (Immediate,) Asthenia

Duration of Last Sickness, About a year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 9th

Undertaker, Geo Schilling

Place of Business, Ashland & Gay

D. Webster Cathell M. D.
Medical Attendant.

Address 2 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. NOV 8 1877 BALTIMORE MD.

Permit No. 21786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Boiseau

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, colored

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Woodsawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co

Duration of Residence in the City of Baltimore, ~~66~~ 50 years

Place of Death, {Give street and number.} 144 N Centre ave

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8 C

Undertaker, Abraham Wayman

Place of Business, 30 Saratoga St.

Edmund Wralter M. D.
Medical Attendant.

Address Coroner No 2

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. NOV 8 1877 BALTIMORE MD.

Permit No. 21787.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Eyerdt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* Four *Months,* five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nil

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 Albert Fayette St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Uremia

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 9

{*Undertaker,* Geo Schilling,
Place of Business, Ashland & Lyman

Eugene F Cordell M. D.
Medical Attendant.

Address No 125 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Klemm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1. *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Abbott's

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, ab. 3. days

All the above Information should be furnished by the Physician.

Place of Burial, St Johns's Cem

Date of Burial, November 9 1877

Undertaker, Henry Koch

Place of Business, 119 Central Ave

Hoffman M. D.
Medical Attendant.

Address 57 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 8 1877 BALTIMORE, MD.

Permit No. 21789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Price

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Baltimore~~ Virginia

Duration of Residence in the City of Baltimore, ~~Life~~ One Year

Place of Death, {Give street and number.} Washington Pl. Near Front St.

Cause of Death, First (Primary,) Ty. Mid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8 1877

Undertaker, J H Crase

Place of Business, No 1 S Howard St

Chas H Keefer M. D.
Medical Attendant.

Address Ward Union Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

Permit No. 21790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth of John Lawnes Parents

Sex, Male ~~or Female.~~ {Cross out the words not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 14 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 61 S. Register St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) all its Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 9 1877

Undertaker, W. Dipple

Place of Business, Bond St

James A Steuart M.D.

Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigated by E. Wenmann Sanitary Inspector [REGISTER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE

Permit No. 2179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Laura Plummer

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 31 *Years,* ~~ *Months,* ~~ *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 North Exeter St. {Home of Fallen Women}

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 9th 1877

Undertaker, Thos S. Hughes

Place of Business, 60 E. Balto St

Hamst Stinart M.D.

Medical Attendant.

Address, Comm of Health & Hospitals

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Mr R. Jackson Sanitary Inspector [TER.]

Permit No. 21792

OFFICE OF REGISTRAR OF VITAL STATISTICS

1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th. November 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Andrew Baker

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* 10 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Aisquith Street No 11.

Cause of Death, {First (Primary.) Epilepsia. during 23 years

Second (Immediate,) Paralysis medullae spinalis 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 9 Nov 1877

Undertaker, C. L. Fleming

Place of Business, 136 E Fayette

William Flinn M.D.
Medical Attendant.

Address S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

NOV 1877 BALTIMORE

Permit No. 21793,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Howe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, No Employment

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} No 119 N High st

Cause of Death, First (Primary,) ....

Second (Immediate,) Cancer

Duration of Last Sickness, Six mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 9 1877

Undertaker, H. W. Meeks

Place of Business, Gay St

Medical Attendant. M. D.

Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled [illegible] or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] under penalty of law.

[illegible] BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible]ICATE OF DEATH.

Date of Death, [illegible] 1877

Full Name of Deceased, {Write name in full, spell correctly. If an Infant not named, give names of parents.} Mamie Harris

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 74 St Mary's St.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9. 1877

Undertaker, W. J. Gray

Place of Business, 63 Mulberry st

J. G. Walker M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Printy

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 69 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Cor. Light & Armistead Sts

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 9th 1877

Undertaker, James A Byrne

Place of Business, No 63 S Frmt St

Thos Latimer M.D.

Medical Attendant.

Address, 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21796,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate E Schilling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 11 Years & Six Months

Place of Death, {Give street and number.} Cor Canton & Elliot Streets

Cause of Death, {~~First (Primary,)~~ Typhoid Pneumonia / ~~Second (Immediate,)~~

Duration of Last Sickness; 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Roman Cath Wm J. Maddox M. D.

Date of Burial, September the 9 Medical Attendant.

Undertaker, Jno Schilling Address 172 Elliot St.

Place of Business, Elliot and Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1877

BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21797.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov: 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ida Hoblack

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 2 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} S E. corner Pearl & Franklin Sts

Cause of Death, First (Primary,) Abdominalis

Second (Immediate,) Uremic Convulsions

Duration of Last Sickness, 28 hours.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 10th Nov 1877

W. D. Thilow M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St *Address* 146 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 9 1877 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Bell,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 18 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 56 S. Collington Ave.

Cause of Death, First (Primary,) Diphtheritic Croup.

Second (Immediate,) Asphyxia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov. 9, 1877

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

G. Glanville Keech M. D.
Medical Attendant.

Address Balt. & Wash. etc.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE.

Permit No. 21799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hardy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Marys Co. Md

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give street and number.} 293. E. Lombard

Cause of Death, {First (Primary,) By coal oil explosion

{Second (Immediate,)

Duration of Last Sickness, 40 hours

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. Fells Point Road

Date of Burial, Nov. 9 1877

{*Undertaker,* H. A. Daiger

{*Place of Business,* 74 S. Broadway

James E. Donville M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 9 1877 BALTIMORE.

Permit No. 21800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delphine Gelsin

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 1 *Years,* 9 *Months,* ——— *Days*

Color, Mulatto

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 1 9/12 yrs

Place of Death, {Give street and number.} 46 Pine St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill cemetry

Date of Burial, Nov 9.

Undertaker, John W. Lucks

Place of Business, 59 & Wolf st

Lewis McEastman M. D.
Medical Attendant.

Address, 324 Lees

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

NOV 9 1877 BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rich Graham

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Parents

Age, ——— *Years,* ——— *Months,* 10 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 81 Goodmans Alley

Cause of Death, First (Primary,) Thrush

Second (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9 1877

Undertaker, Harrell Bros

Place of Business, West St

———— *M.D.*

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Mr M. Carroll Sanitary Inspector

OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 9 1877 BALTIMORE.

Permit No. 21802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harris.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Steel County, Mol.

Duration of Residence in the City of Baltimore, About 2 Months.

Place of Death, {Give street and number.} 1218 Hill St.

Cause of Death, First (Primary,) Rheumatism.

Second (Immediate,) Dropsy.

Duration of Last Sickness, Ist Known.

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Nov 9th 1877

Undertaker, F. A. Kerchner

Place of Business, Carroll Ave

J. H. White M.D.
Medical Attendant.

Address, Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever [redacted]n shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

NOV 9 1877 BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Thompson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 65 Years.

Place of Death, {Give street and number.} 55 Conway St.

Cause of Death, First (Primary,) Syphilis.

Second (Immediate,) Neglect.

Duration of Last Sickness, About 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Nov 9th 1877

J. M. Ghiselin M.D.
Medical Attendant.

Undertaker, H. A. Kerchner

Place of Business, Carroll Row Ave *Address,* Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

NOV 9 1877 BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Coleman

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 53 *Years,* ..... *Months,* ..... *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} No 351 E. Monument st

Cause of Death, {First (Primary.) Tubercular Consumption

{Second (Immediate,)

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 9th 1877

Undertaker, Fry & Bro

Place of Business, N. Broadway

Wm. L. Russell M.D.
Medical Attendant.

Address, Broadway & Madison sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

1877 BALTIMORE. MD.

Permit No. 21805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Eugene Tunstall

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 9 *Years,* 10 *Months,* — *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys County Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} No 28 Winters Ct

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mon Sharp St

Date of Burial, Nov 29 1877

Undertaker, John C Jordan

Place of Business, No 12 Park ave

W W Smith M. D.
Medical Attendant.

Address 262 S. Eutaw

Pd city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

NOV 9 1877
BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Carroll Forchner

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Five *Years,* Three *Months,* Fourteen *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} # 50 S. Carrollton Avenue

Cause of Death, {First (Primary.) Diphtheria

Second (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 9th 1877

Undertaker, J. H. Booth

Place of Business, 1707 N. Baltimore Street

J. L. Smith M.D.
Medical Attendant.

Address, # 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

NOV 9 1877 BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bailey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 23 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 420 McHenry St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 9th 1877

Undertaker, D & S Cook

Place of Business, 1707 W Baltimore Street

James Bailey M. D.
Medical Attendant.

Address Cor Hollins & Mount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Hudson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md. since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 S. Paca St.

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate,) Coma

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Nov 9th

Undertaker, Valentine Dippel

Place of Business, Bond St

G. G. Luck M. D.
Medical Attendant.

Address Balt. & Paul sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 9 1877 BALTIMORE

Permit No. 21809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Rice

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, — 60 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, — Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} — Ireland

Duration of Residence in the City of Baltimore, — 22 years

Place of Death, {Give street and number.} Balt. Infirmary Val. Dis of the Heart.

Cause of Death, {First (Primary,) —

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery Govans Town

Date of Burial, Nov 9 1877

{*Undertaker,* Barnes & Byrne

Place of Business, No 63 N Front St

T. A. Ashby M.D.

Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

NOV 9 1877 BALTIMORE

Permit No. 21810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen McDonald

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} [redacted] S. Washington Street

Cause of Death, {First (Primary,) Albuminuria

Second (Immediate,) Anemia (Ascites)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 9 1877

Undertaker, James D Byrne

Place of Business, No 63 S. Front St

James T. Shaw M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 9 1877 BALTIMORE

Permit No. 21811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Donohue

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Forty — *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} 59 South Central Ave.

Cause of Death, First (Primary,) Heart disease.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, November 9

Undertaker, James P Byrne

Place of Business, No 63 N Front St

W. D. Holahan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gardener

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wales 26 years in U.S.

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 259 Greenmount Ave

Cause of Death, First (Primary,) Old age

Second (Immediate,) Exhaustion

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 10 – 1877

Undertaker, John J Rodenmayer

Place of Business, Cor Greenmount Ave & Greenmount St

Edmund Rowland M. D.
Medical Attendant

Address Coroner's P.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph Berigtold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 8 *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 14 Ostend st.

Cause of Death, First (Primary,) Disease of the kidney

Second (Immediate,) Chronic diarrhoea

Duration of Last Sickness, About seven years, three and a half confined to bed

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 11th 1877

Undertaker, Herwig & Co

Place of Business, 386 Aliceanna St

H. Ahlers M. D.
Medical Attendant.

Address 95 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Clark

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 5 *Months,* *Days.*

Color, Dark brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} No 6 Brewer Al

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Peb Cem

Date of Burial, Nov 9 1877

Undertaker, F. A. Kershaw

Place of Business, Conradies St

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Rob

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8. 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia T. Green

~~Sex, Male or Female,~~ {Cross out the words not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, Mulatto

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Port Royal Va

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 94 E. Church St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Port Royal Va

Date of Burial, Nov 11. 1877

{Undertaker, S. H. Eshman.

{Place of Business, 98 S. Howard St

L. McEastman *M. D.*
Medical Attendant.

Address, 329 East

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 924

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21816,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Heiland,

Sex, Male ~~*or Female*~~, {Cross out the words not required in this line.}

Age, Two *Years,* — *Months,* 25 — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 21 Forrest st

Duration of Residence in the City of Baltimore, 2 yrs 25 days

Place of Death, {Give street and number.} 21 Forrest st.

Cause of Death, {First (Primary,) Dis. Uterid

Second (Immediate,) one day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemitery

Date of Burial, Nov 10th /77

Undertaker, John P. Poteet

Place of Business, 66 Frederick Road

J. G. Smithcamm M.D.
Medical Attendant.

Address, 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Jones

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} 70 Battery av

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,) Ileus

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 11 th 1877

Undertaker, Smithers Denny

Place of Business, Light St

H H V. Webster M.D.

Medical Attendant.

Address, 57 Bennet

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1877 BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Newman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 7 *Months,* 17 *Days.*

Color, [illegible] *Sex,* [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto Infirmary Green & Lombard

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate.)

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 10th

Undertaker, [illegible]

Place of Business, [illegible]

Chas E Sadtler M. D.
Medical Attendant.

Address Prof Univ of Md
Cor Green & Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Crane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 12 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 46 Diamond St.

Cause of Death, {First (Primary,) .....
Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11 1877

Undertaker, John C Gordon

Place of Business, No 68 Park Ave

D. G. Kellet M. D.
Medical Attendant.

Address 89 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~fraudulently filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Michael Rost

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dover St & Hudson Alley

Cause of Death, {First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Nov 11th 1877

Undertaker, J B Lord

Place of Business, 1707 W Baltimore Street

W. R McKeen *M. D.*
Medical Attendant.

Address 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

NOV 10 1877 BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bertha Hampton

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 168 Hughes st

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Nov 11th 1877

{*Undertaker,* Armstrong & Demp

Place of Business, 263 Light St

H. A. McStuft M.D.
Medical Attendant.

Address, 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 10 1877 BALTIMORE

Permit No. 21822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard B. Chenovette

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Books & Stationery

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E Baltimore 224

Cause of Death, First (Primary,) Paralysis Hemiplegia for 21 years

Second (Immediate,) Hernia Strangulated

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 11th 77

E G Baldwin M. D.
Medical Attendant.

Undertaker, R A L. Berane

Place of Business, 224 E Balto St

Address 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS, BALTIMORE.

Permit No. 21823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Weidick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 49 Luzerne Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Nat. Cathedral Cemetery

Date of Burial, Nov 11/77

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

James G. McShane M. D.
Medical Attendant.

Address 65 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 1877 BALTIMORE, MD.

Permit No. 21824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Slicer

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Injuries to head & face / Second (Immediate,) Asthenia}

Duration of Last Sickness, 29 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, November 11 1877

Undertaker, Andrew Knell

Place of Business, 206 Columbia Av

T. A. Ashby M.D.
Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE, MD.

Permit No. 21825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Reilly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 2 Creek Alley

Cause of Death, {First (Primary,) Premature birth
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 10 1877

Undertaker, John Riley

Place of Business, 2 Creek Alley

Wesley Coe & Co M. D.
Medical Attendant.

Address 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 10 1877 BALTIMORE

Permit No. 21826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ann Correll

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 7 *Months,* 29 *Days.*

Color, *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London County Va.

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 506 N. Fayette St

Cause of Death, First (Primary,) Cancer Stomache

Second (Immediate,)

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Thos. A. Correll M. D.

Date of Burial, Nov 11th 1877 Medical Attendant.

Undertaker, G. W. P. Loane *Address* 506 N. Fayette St

Place of Business, 598 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Burrows Louis Worka
Parents

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 5 hours *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Holiday St No 141

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) .....

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cem.

Date of Burial, Feb 3 1879

Undertaker, C. Sheisley

Place of Business, Balt St

C. A. Preston M.D.
Medical Attendant.

Address, Washington Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 16 1877 BALTIMORE MD.

Permit No. 21828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th November. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Andreas Strat.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, White *Sex,* /

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Backer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number.} N. Central Avenue

Cause of Death, First (Primary,) Apoplexia pulmonum

Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cem.

Date of Burial, Nov 19 1877

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address*

Dr R. V. Pinkett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wright

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 2 *Months,* 14 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 Plum Alley

Cause of Death, First (Primary,) ———

Second (Immediate,) Marasmus

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Locust Cem'y

Date of Burial, Nov 11 1877

Undertaker, A Wayman

Place of Business, 30 Saratoga St

James A Steuart M.D.
~~Medical Attendant.~~

Address, Commissioner

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation of facts by R. Jackson — Sanitas Insp'r

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 10 1877 BALTIMORE

Permit No. 21830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane O'Neill

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 65 Harlem Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 3½ days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. F. E. Chatard M. D.

Date of Burial, Nov 11th 1877 Medical Attendant.

Undertaker, Stewart Murray

Place of Business, 35 Park Ave *Address* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 1877 BALTIMORE MD.

Permit No. 21831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Reginald Leonard Wright

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Nine

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 292 N. Bond St.

Cause of Death, {First (Primary,) Croup,

{Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 11th 1877.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

J. N. Hon M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21832

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Filmore Scott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 21 *Months,* ——— *Days.*

Color, Mulatto

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 101 Lee ave

Cause of Death, {First (Primary,) Catarrh Fever / Second (Immediate,) ~~Pneumonia~~ Pneumonia}

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11 1877

Undertaker, C. H. Shaw

Place of Business, 113 Howard st

Geo. H. Benson M. D.
Medical Attendant.

Address 414 Hanover st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 10 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 Nov. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Comfort Lafevre

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 299 Lohn Street

Cause of Death, First (Primary,) Mammary Schirrhus

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov 12 & 10 A.M.

Mallory Brewer M. D.
Medical Attendant.

Undertaker, M R Hall

Place of Business, 233 E. Baltimore

Address 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Beckhart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* Six *Months,* ~~Six~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ×

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} N 86 Warner near Montgomery

Cause of Death, First (Primary,) Bronchial Catarh

Second (Immediate,) Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, to Har Sinia Cemetry A Friedenwald M. D.

Medical Attendant.

Date of Burial, 11th Nov

Undertaker, Myers Uhlfelder Sexton

Place of Business, 191 East Lombard St Address 88 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. A. Reed

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* one *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and number.} Cor. Harrison & Fayette Streets

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) ____

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov. 11th 1877

Undertaker, Chas Rasin

Place of Business, 136 E. Fayette St. *Address*

U S Mahon *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Banks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ..... *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} MacDonough st 1255

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetary

Date of Burial, Nov 11 1877

Undertaker, Wm H Dunges

Place of Business, 662 East st

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Death of Baby, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mon 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Hess

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, 3 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 84 Aisquith St

Cause of Death, { First (Primary,) —
Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 11 1877

Undertaker, Thos S Hughes

Place of Business, 69 E. Balto St — 4238 Madison ave

Medical Attendant. M. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE NOV 14 1877

CERTIFICATE OF DEATH.

Date of Death, November 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Sargent

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland Anne Arundel Co.

Duration of Residence in the City of Baltimore, Three Years

Place of Death, { Give street and number. } No. 3 Warner Street

Cause of Death, { First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, Shaft Street

Date of Burial, Nov. 11th 1877

Undertaker, Thos. Butler

Place of Business, Mt. Vernon

T. N. Miller M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE NOV 11 1877

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Fogle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 26 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} no 1 Roberson Street corner Ellin ?

Cause of Death, First (Primary,) Whooping cough

Second (Immediate,) Congestion Lung Bronchitis

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St A Cemetery Lorne

Date of Burial, Nov 11th 1877

Undertaker, A. Köhler

Place of Business, 244 E. Lombard

J. H Martin *M. D.*
Medical Attendant.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE NOV 13 1877

CERTIFICATE OF DEATH.

Date of Death, November 10. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hezekiah Doney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* —— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 20 Lemmon Alley

Cause of Death, {First (Primary,) ; Second (Immediate,)} Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11th 1877

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

Theodore Cook M.D.
Medical Attendant.

Address 146 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 12 1877 BALTIMORE

Permit No. 21841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Maxwell.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 7 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, One Week.

Place of Death, {Give street and number.} 221 Hudson St

Cause of Death, First (Primary,) Corpulent Colic

Second (Immediate,) Enteritis.

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetery

Date of Burial, Nov. 12th

Undertaker, Wm. Schilling

Place of Business, Corn. Eliot and Canton

Address 172 Elliot South.

Wm. Maddox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE.

Permit No. 21842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie May Kirchner

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, 3 *Years,* 8 *Months,* 7 *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 50 S. Carrollton Avenue

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,) One Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 12th 1877

Undertaker, J. B. Cook

Place of Business, # 707 N. Baltimore street

J. G. Linthicum M.D.
Medical Attendant.

Address, # 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 12 1877 BALTIMORE MD

Permit No. 21843,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Wigginton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventeen *Years,* Eleven *Months,* twenty four *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His whole Life

Place of Death, {Give street and number.} 298 East Monument Street

Cause of Death, First (Primary,) Hereditary Phthisis

Second (Immediate,)

Duration of Last Sickness, Since July 1876

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, Nov 12th 1877 Edw C DeSoughony M. D.
Medical Attendant.

Undertaker, L. D. Lancaster

Place of Business, Hanford Av *Address* 194 N Calvert St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT NOV 12 1877 BALTIMORE

Permit No. 21844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Emanuel Smith
1 Parents

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* One hour ~~Days~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 368 Cross St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Asthenia

Duration of Last Sickness, Born Sick Weak

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Sh. B. G.

Date of Burial, Nov 12 1877

Undertaker, Hercul Rogers

Place of Business, West St

James A Steuart M.D.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation Mrs W. Gerrell Sunday Inquest
Information by Estella Brooks Dead

OVER.

1877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Pope

~~Sex,~~ Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, Mulatto *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co 25 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1250 Linden Ave

Cause of Death, First (Primary,) Brain Affection

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County D. H. Legrand *M. D.*

Date of Burial, 12th Nov 77 Medical Attendant.

Undertaker, Jos. Sloan

Place of Business, 196 W. Balto Address 185 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Maria Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 330 E. Baltimore St.

Cause of Death, First (Primary,) old age

Second (Immediate,) Bronchitis,

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, November 13th 1877

Undertaker, John F. Weaver

Place of Business, #22 W. Fayette St

L. H. Hench M. D.
Medical Attendant.

Address 76 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

Permit No. 21847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Thursby. Female

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Seventy 5 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 70 yrs

Place of Death, {Give street and number.} 16 South Amity St.

Cause of Death, {First (Primary,) Second (Immediate,)} Old disease —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 12. 1877

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

D. C. Ireland. M.D.
Medical Attendant.

Address, Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

DEC 12 1877 BALTIMORE MD

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa ~~Lofs~~ Lesh

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 272 S Eutaw St

Cause of Death, {First (Primary,) Diptheria

{Second (Immediate,) Diptheritic Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 13

Undertaker, Henry Boucher

Place of Business, 46 Marietta Pl

Thos Scott M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT 12 BALTIMORE MD

Permit No. 21849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 5 Guilfords

Cause of Death, First (Primary,) Congestion Brain

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12th

Undertaker, Geo Davis

Place of Business, 123 Lee St

O. A. Corbin M. D.

Medical Attendant.

Address Cor. Lee & Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. 12 1877 BALTIMORE MD.

Permit No. 21850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Novemb- 11.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Goebel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* 11 *Days.*

Color, *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 533 Lexington Av

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Inanition

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 13th

{*Undertaker,* John Teufel

{*Place of Business,* 616 W. Balto. St

Address 137 W. Fayette St.

Millard J. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. 12 1877 BALTIMORE.

Permit No. 21857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday November 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Barton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 113 N. Spring St.

Cause of Death, First (Primary,) Pneumonia Congestion

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 12th 1877

Undertaker, Charles A. White

Place of Business, No 35 Granby St

Wilmer Brown *M. D.*
Medical Attendant.

Address 25 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 12 1877 BALTIMORE.

Permit No. 21852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David M. Walthew.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* 7 *Months,* *Days.*

Color, white *Sex,* W. & Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Würzburg Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 149 South Ann St. Baltimore

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 28 hours

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Nov. 13th 1877

C. W. Heldmaier M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Maulberry St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 12 1877 BALTIMORE.

Permit No. 21853.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 Nov 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Dodson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, X *Years,* 11 *Months,* X *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Mos.

Place of Death, {Give street and number.} 186 Mulligan St

Cause of Death, First (Primary,) Pneumonia, Double.

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Cemetery

Date of Burial, Nov 12

Undertaker, Wm. M. Lemmon

Place of Business, 62 East St

B. F. Leonard M. D.
Medical Attendant.

Address 26 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 12 1877 BALTIMORE, MD.

Permit No. 21852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Edward Sully

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 69 E Lig[illegible] St.

Cause of Death, First (Primary,) Pseudo membranous Croup.

Second (Immediate,) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 12th 1877

Undertaker, James P Byrne

Place of Business, No 63 N Front St

J. R. Dove M.D.
Medical Attendant.

Address No. 69 E Lig[illegible] St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louise Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 4 N Gaey

Cause of Death, First (Primary,) Embolism

Second (Immediate,)

Duration of Last Sickness, Ten Minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov 13th 1877

Undertaker, Hughes & Co

Place of Business, 550 Fayette St

Geo H Cooke M. D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 13 1877 BALTIMORE MD.

Permit No. 21856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizebeth Hamilton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 Years, ——— Months, ——— Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number.} 118 N. Central avenue

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Gastritis}

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Co Virginia

Date of Burial, Nov 14 1877

Undertaker, James D Byrne

Place of Business, No 63 & N Front St

S D Gross M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Burial 925

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 12 1877 BALTIMORE MD

Permit No. 21857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schultz

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 S. Greene

Cause of Death, First (Primary.) Metro Peritonitis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, 14th November 1877

Undertaker, Henry Meyer

Place of Business, 96 W. Howard St.

H. W. Webster M.D.
Medical Attendant.

Address, 54 Barnet

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 12 1877 BALTIMORE.

Permit No. 21858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hoenig

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 8 *Years,* 7 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 262 North Canal Street

Cause of Death, First (Primary,) Dysenteritis & Nephritis Desquamativa Post Scarlatina

Second (Immediate,) Asphyxia

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, November 13. 1877

Undertaker, Henry Hoch

Place of Business, 309 Central Ave

D. SELVIER M.D.

Medical Attendant.

Address 2 E. Co. Eager & Carlin Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Robeck (Mother)

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 Hours 2 Days

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1/ Chapel Alley

Cause of Death, {First (Primary,)} Prematture {Second (Immediate,)} Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetry — James H Steiner M.D.

Date of Burial, Nov 12 1877 — Medical Attendant.

Undertaker, F. A. Kerchner — *Address,* Commis of Health

Place of Business, 52 Carroll Ave — & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childrea.

Surveyed by W. Carroll — Sunday Inspector
Interment by Sallie Yeates — Midwife

Permit No. 21860

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Dunnay

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 8 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Va

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 186 Pearl St

Cause of Death, {First (Primary,) Abcess of Liver

Second (Immediate,) 14 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H Pitts Cemetery

Date of Burial, the 13th Inst.

Undertaker, P Lemmon

Place of Business, 317 Mulberry

Address 76 State St

A H Linney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bryan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 7 *Months,* 15 *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 84 Burgundy alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About Seven month

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Nov 12th 1877

J Harvey Hill M. D.
Medical Attendant.

Undertaker, W P Gordon

Place of Business, 119 Eden Ave

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

1877 BALTIMORE

Permit No. 21862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bailey

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 15 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County Md

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} S W Cor Monroe & Lemon Alley

Cause of Death, First (Primary.) Heart Disease.

Second (Immediate.)

Duration of Last Sickness, Died very suddenly

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 13

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

W M Keating *M. D.*

Medical Attendant.

Address, S W Fayette & Calvert

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21863,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Rooney

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 529 Franklin st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 14 – 1877

Undertaker, John J Rodemayer

Place of Business, Cor Belmont Ave & Monument St

J Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Inchterman

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 5 Mo *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 170 N Fourth

Cause of Death, First (Primary.)

Second (Immediate.) Pulmonary Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 16th 1877

Undertaker, James B Byrne

Place of Business, No 63 So Front St

Chas E Warren M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 13 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Petty

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 55 York St —

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician

Place of Burial, Bonnie Brae

Date of Burial, Nov 12 1877

{*Undertaker,* Jas P Byrne

Place of Business, 63 Fayette

Edwd F. Michael M. D.
Medical Attendant.

Address 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21866,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harvilla Owens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 14 Bruce St

Cause of Death, First (Primary,) —

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 13 1877

Undertaker, William N Dorsey

Place of Business, No 10 Stockdale Alley

James Bosley M. D.
Medical Attendant.

Address Cor Hollins & Mount Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

1877 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 29 S. Stricker St

Cause of Death, First (Primary,) Diphtheria

Second (immediate,) Anaemia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Nov. 14th 1877

Undertaker, John S Mastin

Place of Business, No 150 Camden

A. W. Coltrin M. D.

Medical Attendant.

Address 369 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. 1877 BALTIMORE

Permit No. 2 / 1868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Grey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55. *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 9 John Alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetrey

Date of Burial, Nov 13th 1877

Undertaker, Wm James Jr

Place of Business, 65 Mulberry St

Wm Green M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 21869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th November 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tillie Lipfert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41 Abbott St.

Cause of Death, {First (Primary,) ? Croup

Second (immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Co.

Date of Burial, November 15. 1877

C. Hoffmann M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave Address 97 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 13 1877 BALTIMORE

Permit No. 21870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariauna Simon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany ; 38 years

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 220 Chesnut St

Cause of Death, First (Primary,) Scirrhus of Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ct.

Date of Burial, November 15. 1877

Undertaker, Henry Hoeck

Place of Business, 309 Central Av *Address*

G. Lichtenberg M. D.
Medical Attendant.
68 W. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

NOV 13 1877 BALTIMORE MD

Permit No. 21871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brown George Manlaby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 32 Mosher St

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Croup

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 13th 1877

Undertaker, Jacob Weaver

Place of Business No 416 Druid Hill Avenue

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R. Stevens,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Shoe Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York.

Duration of Residence in the City of Baltimore, 11 days.

Place of Death, {Give street and number.} Baltimore City Jail

Cause of Death, First (Primary,) Congestion of Lungs.

Second (Immediate,) 8 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial,

L. N. Hoxsey. M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 Pratt Street *Address* 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 926.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH 1877 BALTIMORE

Permit No. 21873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene M. Carly,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* two *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 2d Folly alley -

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia.

Duration of Last Sickness, about 2 months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary Jno Dixon M. D.

Medical Attendant.

Date of Burial, October the 13

Undertaker, Geo Saffron *Address* 261 Madison Avenue

Place of Business, Funeral acts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13 Nov 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Harrington Md

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Physician

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co

Duration of Residence in the City of Baltimore, — Non-Resident

Place of Death, {Give street and number.} 295 Madison St.

Cause of Death, First (Primary.) Phthisis

Second (Immediate.) "

Duration of Last Sickness, 2 years about

All the above information should be furnished by the Physician.

Place of Burial, Talbot County Md

Date of Burial, Nov 14th 1877

Undertaker, Hughes & Co

Place of Business, 380 Fayette St

L. Donaldson M.D.
Medical Attendant.

Address, 108 Park Ave
Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Issued 927

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Maclenan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 159 Eason St.

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)}

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 14th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

D. J. Gue M. D.
Medical Attendant.

Address 162 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hickman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 147 Ridgely St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 14 1877

Undertaker, Wm H Hickman

Place of Business, No 234 Eager

L. C. Bucht *M. D.*
Medical Attendant.

Address 151 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE

Permit No. 21877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ewn Jefferson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 (One) *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 163 Sarah Ann St Balto

Duration of Residence in the City of Baltimore, 1 yr 3 mo

Place of Death, {Give street and number.} 163 Sarah Ann St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Rh Thoris Pulmonalis

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 13 1877

Undertaker, Wm. Dazell

Place of Business, 162 East st

J. A. Gillis M.D.

Medical Attendant.

Address, 150 St. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Haley

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, Wh -

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, -

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} N. W. cor Light & Hill sts

Cause of Death, First (Primary,)

Second (Immediate,) Enteritis

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 13th 1877

Undertaker, Jas F Ryan

Place of Business, 69 n Liberty

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1877

BALTIMORE

Permit No. 21879

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Fuller

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} Baltimore Infirmary

Cause of Death, First (Primary,) Val. Dis. of Heart

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemty

Date of Burial, November 14th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

J. T. Sludger M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HE 14 1877 BALTIMORE

Permit No. 21880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Krupto

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} Cor Johns & Eutaw St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Indefinite

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 14 1877

Undertaker, Chas F Sorman

Place of Business, [illegible] Baltimore St

Herman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 14 1877 BALTIMORE

Permit No. 21881,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmena Weigand

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 264 E. Broadway

Cause of Death, {First (Primary,) Second (Immediate,)} Cancer of mamb. 6 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonzis Cemetery

Date of Burial, November 15th 1877

Undertaker, Leonhard Feiss

Place of Business, S. Bond St. 2222

R. W. Dunkirk M.D.
Medical Attendant.

Address, 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

Permit No. 21882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Mahr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 10 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Truckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 216 Canton Ave.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 18 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 14 [illegible] 2 P.M.

Undertaker, Corry Snyder

Place of Business, 252 Canton Ave

James O. McShane M.D.
Medical Attendant.

Address 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

Permit No. 21883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Donaldson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Indiana

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} Washington University Hospital

Cause of Death, {First (Primary,) Chronic Alcoholism

Second (Immediate,) .....

Duration of Last Sickness, Eight (8) weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 14 1877

Undertaker, P. Kennedy

Place of Business, Mulberry St

Chas H Leigh, M. D.
Resident Physician
Medical Attendant.

Address Wash. Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 1877 BALTIMORE

Permit No. 21884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E Gates Reese

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 2 *Months,* 29. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 4 Parkin st.

Cause of Death, First (Primary,) Paralysis of the Brain

Second (Immediate,) & Apoplexy

Duration of Last Sickness, 8 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Potters Cem.

Date of Burial, Nov 15th 2. P M

Undertaker, M R Hall

Place of Business, 233 E. Balto St

John T. Conner M. D.
Medical Attendant.

Address 286 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

SEAL NOV 14 1877 BALTIMORE

Permit No. 21885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Hamill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty five *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and number.} 131 N Gay st

Cause of Death, First (Primary,)

Second (Immediate,) Typhoid Dysentery 13 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 16 1877

S. T. Coyner *M. D.*

Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address* 134 High st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE

Permit No. 21886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Col. S. S. Mills

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 58 *Years,* — 10 *Months,* — 2 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Sheriff

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 232 N. Eutaw St

Cause of Death, First (Primary,) Metastatic Metastatic

Second (Immediate,) Septicaemia

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 16th 1877.

Undertaker, John S. Weaver

Place of Business, # 22 W. Fayette St. *Address*

B. J. Miller M. D.

Medical Attendant.

189 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE.

Permit No. 21887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 Th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bacon

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto County

Duration of Residence in the City of Baltimore, 40 yrs —

Place of Death, {Give street and number.} Balt. Infirmary —

Cause of Death, {First (Primary,) Val. Dis of Heart —

Second (Immediate,) 6 wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Nov 14 1877

Undertaker, F. A. Kirchner *Address,*

Place of Business, Carroll Ton Av

J. T. Sludge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21888

OFFICE OF REGISTRAR OF VITAL STATISTICS

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella P. Hopkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Dressmaking

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 Chew St.

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, November 14th

{*Undertaker,* W Dickman

{*Place of Business,* 234 N Gay St.

O. C. Stein, M. D.
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21889

OFFICE OF REGISTRAR OF VITAL STATISTICS. 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Olfers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stevadore

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Charleston S.C.

Duration of Residence in the City of Baltimore, 11 years 6 months

Place of Death, {Give street and number.} Thames & Ann Streets

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Saw him but once.

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cemetary

Date of Burial, Nov 15 1877

Undertaker, W C Watchman

Place of Business, 1915 Bond St

James F. McShane M.D.
Medical Attendant.

Address 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HE 14 1877 BALTIMORE, MD.

Permit No. 21890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy A Tucker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ___ *Years,* *Months,* 2 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 413 McHenry St

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, Whole Life

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, NOV 14, 1877

Undertaker, J. B. Blackistone Son

Place of Business, 606 Balt St

James Boaley M. D.
Medical Attendant.

Address Cor Hollins & Mount City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

NOV 14 1877 BALTIMORE.

Permit No. 21891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1 *Day.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 184 Montgomery st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 184 Montgomery st

Cause of Death, {First (Primary,) / Second (Immediate,)} Rupture of abdominal walls during birth.

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Nov 14th 1877

Undertaker, C. H. Krause

Place of Business, 209 Hanover st *Address*

E. Lucas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21892

OFFICE OF REGISTRAR OF VITAL STATISTICS.

RECEIVED NOV 14 1877 REGISTRAR'S DEPARTMENT BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Milburn Little

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* *Days.*

Color, White " *Sex,* "

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 Months

Place of Death, {Give street and number.} 880 N. Pratt Street

Cause of Death, First (Primary,) "Meningitis"

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Harford Run

Date of Burial, Nov 15th 1877

Geo. G. Mackyday M. D.
Medical Attendant.

Undertaker, S. G. Pauline

Place of Business, 66 Frank St. *Address* Carroll P. O. Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 928

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie L. Kohn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 68 Russell St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 15th 1877

Undertaker, Julius Koehler

Place of Business Sharp & Eagle Sts

Thornton Coates M.D.
Medical Attendant.

Address 146 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Moenkemeier.

Sex, ~~*Male*~~ *Female,* {Cross out the words not required in this line.}

Age, 4 *Years,* 5 *Months,* 16 *Days*

Color, Wh —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 Fort Ave.

Cause of Death, {First (Primary,) Albuminuria

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 5 November

Undertaker, B. Hoole

Place of Business, 411 Light St.

R. J. N. Tull M.D.
Medical Attendant.

Address, 152 Sharp

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov - 14th, 1877 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Martin Willson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 7 *Months,* *Days.*

Color, white - *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland. Talbot Co -

Duration of Residence in the City of Baltimore, For years -

Place of Death, {Give street and number.} no - 124 West Saratoga St -

Cause of Death, First (Primary,) Carcinoma Stomach -

Second (Immediate,)

Duration of Last Sickness, about 20 days -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 16th Nov 1877

R. H. Goldsmith - M. D.
Medical Attendant.

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa K. Cassell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 490 Franklin St—

Cause of Death, {First (Primary,) Icterus Neonatorum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 15th

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St

L. H. Knight M. D.
Medical Attendant.

Address 112 N. Greene St—

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21897

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Kutloff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 120 1/2 East Eutaw

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 15th

Undertaker, Henry Boiler

Place of Business, Hanover St 81

O G Wandell M. D.

Medical Attendant.

Address 203 E Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Duvall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 73 North Gilmor St

Cause of Death, {First (Primary,) Diphtheria,
Second (Immediate,) 4 days,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov 16 15 1877

Geo H. Lowe M. D.
Medical Attendant.

{*Undertaker,* Geo H. Lowe, *Address* 530 W Hayetts
{*Place of Business,* 568 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander C. Thomas,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Policeman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All His Life

Place of Death, {Give street and number.} 257 Lexington St

Cause of Death, {First (Primary,) Chronic Rheumatism

Second (Immediate,)

Duration of Last Sickness, 25 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 14

{*Undertaker,* J B Cook

Place of Business, 107 West Baltimore St

John L. L. Kozy, *M. D.*
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21900

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edw. Kabat.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 558 W. Lombard St

Duration of Residence in the City of Baltimore, 5 days

Place of Death, { Give street and number. } 558 W. Lombard St

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 14 1877

Undertaker, J. Lord

Place of Business, No 704 W. Baltimore Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21901.

OFFICE OF REGISTRAR OF VITAL ST...

1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th. November 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Schroeter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} Elliot Street No 17 (Canton)

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheritis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Nov. 16th 1877

Undertaker, Peter Frey

Place of Business, 91 Eutaw St.

William Henkel M.D.
Medical Attendant.

Address S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

NOV 15 1877 BALTIMORE

Permit No. 21912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Simpson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow, Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 N Population

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) "

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Thomas A Jessup M. D.

Date of Burial, Nov 16 1877 Medical Attendant.

Undertaker, J. B. Blackistone Son

Place of Business, 606 Balt st *Address* 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21903.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bessie Price

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 2 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 115 S. Fulton Ave

Cause of Death, First (Primary,) Asphyxia

Second (Immediate,) Croup

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 15th

Undertaker, Wm. M. Leonard & Son

Place of Business, 782 W. Baltimore

Wm Rigdon M. D.
Medical Attendant.

Address, 115 S. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

18[illegible] BALTIMORE

Permit No. 21904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fischer

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* Five *Months,* ..... *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Monument & Washington Sts

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 16 1877

Undertaker, Henrich & Co

Place of Business,

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH 1877 BALTIMORE

Permit No. 21905.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia J. S. Gibb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Book Folder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 97 E. Biddle Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Since March

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hollis Cemetery

Date of Burial, Nov 15th 1877

{*Undertaker,* Thos S Hughes

Place of Business, 611 E Balto

J. E. Whitsford M. D.
Medical Attendant.

Address 1440 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

BALTIMORE

Permit No. 21906.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B. Frey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lancaster County - Pa

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 300 Saratoga Avenue

Cause of Death, First (Primary,) Sclerosis of the Stomach

Second (Immediate;) Dropsy

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 16th 1877

Thomas Shearer *M. D.*

Medical Attendant.

Undertaker, Thos J Hughes

Place of Business, 238 Madison Ave

Address 97 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21907

OFFICE OF REGISTRAR OF VITAL ST...

BALTIMOR...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14 - 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Bantz Beany

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Six *Years,* ..... *Months,* ..... *Days.*

Color, white *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city -

Duration of Residence in the City of Baltimore, six years

Place of Death, {Give street and number.} 59 E. Biddle st -

Cause of Death, First (Primary,) Diphtheria -

Second (Immediate,) .....

Duration of Last Sickness, four days -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 15. 1877.

Undertaker, John J. Rodenmayer

Place of Business, N. E. cor Greenmount Ave & Monument st

E. H. Holbrook - M. D.
Medical Attendant.

Address 327 Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21908

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT NOV 15 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levy Trusty.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 1 *Months,* — *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, O—

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 14 Chesnut St

Disease of Death, {First (Primary,) Pneumonia
Second (Immediate,)}

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore at Large

Date of Burial, Nov 16th 1877

Undertaker, J. Locke

Place of Business, Jefferson

D K Winder M. D.
Medical Attendant.

Address 132 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

Permit No. 21909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14/22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Serbin Watkins

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wagon Driver

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and number.} 10.5 Tea alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 6 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Auburn cemetery

Date of Burial, Nov 16.

Undertaker, John H. Locke

Place of Business, 5 9. S. Wolfe st

S.G.W. Mansfield M.D.

Medical Attendant.

Address, 117 Dugan Bldg

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. NOV 15 1877 BALTIMORE.

Permit No. 21910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about 35 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Gosweilers Lime Kiln

Cause of Death, First (Primary,) /

Second (Immediate,) Suffocation

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Nov 15th 1877

Undertaker, F. A. Kerchner

Place of Business, Carroll Ave

R. C. Lee M.D.

Medical Attendant.

Coroner 3d D.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

Permit No. 21911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th '97

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 to 40 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland probably

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Found drowned Foot of Mc Elderys Wharf

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Accidental Drowning (Jury Verdict)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Pub Cemetery

Date of Burial, Nov 15th

Undertaker, Charles Draper

Place of Business, Pratt & Shorter Sts

Edmd R Walker M. D.
Medical Attendant.

Address Corner MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Bell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 48 Polk St.

Cause of Death, {First (Primary,) ____ Second (Immediate,)} Convulsions

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Nov 14 Thursday

Undertaker, Wm N. Dunze

Place of Business, 10 Hicklin alley

H. F. Hill M. D.
Medical Attendant.

Address N. E. Cor Fremont and Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

BALTIMORE

Permit No. 21913.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Fallcupskie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, one — *Years,* — *Months,* — 6 — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 297 Durham st

Cause of Death, {First (Primary,) Croup (Chronic)

Second (Immediate,)

Duration of Last Sickness, — 8 days —

All the above information should be furnished by the Physician.

Place of Burial, Franklin Cemetery

Date of Burial, November 1877

Undertaker, John C. Schuck

Place of Business, 265 Aliceanna

Thomas J. Evans M. D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. BALTIMORE

Permit No. 21914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Not Named. Mother's name Martha Brown Father's name [redacted] Jno. Schode

Sex, Male [redacted], { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, Black *Sex,* Male

[redacted], *Single,* [redacted], { Cross out the words not required in this line. }

Occupation, [redacted]

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 212 Robinson st Baltimore City

Duration of Residence in the City of Baltimore, 10 days

Place of Death, { Give street and number. } 212 Robinson st

Cause of Death, { First (Primary,) Tetanus / Infancy
Second (Immediate,) 5 days / }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 16 1877

{ *Undertaker,* W. M. Dunger
{ *Place of Business,* East St

I. R. Rogers *M. D.*
Medical Attendant.

Address 414 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2195

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alabama Jones

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot County Md

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number.} 242 E. Pratt St.

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov. 16, 1897

{*Undertaker,* M. A. Dwyer
Place of Business, 94 So Broadway

J. Clark Sloan M.D.
Medical Attendant.

Address 524 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelia Johnson. Mother

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 Hours *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 S. Register St

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate,) Asthenia}

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16 '87

Undertaker, W. M. Bunch

Place of Business, East St

James A Steuart M.D.

~~Medical Attendant.~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sanitary Investigation by E. Neumann Clerk. Interview for by by Lucy Woolford — Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Nichols.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 120 Hamburg St.

Cause of Death, {First (Primary,) Second (Immediate,)} Croup

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet under

Date of Burial, November 17 1877 R. J. N. Tall M.D.

Undertaker, Chas. F. Herold Medical Attendant.

Place of Business, 161 Hanover St *Address,* 152 Shark St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21918.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th of Nov. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ana Ohlwetter

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 N. Castle St

Cause of Death, First (Primary,) Inflamation of the brain

Second (Immediate,) Dentitio, Eclampsia (Teething)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, Nov. 16th 1877

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

J. Mathieu M.D.
Medical Attendant.

Address, 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21919

HEALTH DEPARTMENT NOV 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Edward Hess

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 84 Sargent St

Cause of Death, First (Primary,) —

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baughney Bay

Date of Burial, Nov 16 1877

Edmund M. D.
Medical Attendant.

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Balto St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Myers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ✝

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No. 1. Stockton

Cause of Death, First (Primary,) Consumption

Second (Immediate,) about 5 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 17

Undertaker, J B Cook

Place of Business, 707 W. Balto

Felix Lurkins M.D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Fornbush

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Hull St

Cause of Death, First (Primary,) ; Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem[y]

Date of Burial, Nov 18th 1877

Undertaker, C. F. Krauss

Place of Business, 209 Hanover St

James H Lewis M.D.

~~Medical Examiner~~

Address, Comm of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigated by Wm Carroll Sanitary Inspector from the Family

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE

Date of Death, November 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagerstown Md.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 308 Myrtle Ave.

Cause of Death, {First (Primary,) Pulmonary Hamorrhage

{Second (Immediate,) "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, November 17th 1877

{*Undertaker,* Jacob Weaver

{*Place of Business,* Nos 476 Druid Hill Ave

Silas Baldwin M. D.
Medical Attendant.

Address 108 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 929

[OVER.

Permit No. 21923

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Regina Frei

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 73 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sewing

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wirtemberg – Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Pens. Avenue No. 42

Cause of Death, First (Primary,) Disease of Heart

Second (Immediate,) Exhaustion –

Duration of Last Sickness, some time

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, 16 November

Undertaker, C. Wiegand

Place of Business, 53 South Hill St.

Dr. J. Reinhardt M. D.
Medical Attendant.

Address 224 W. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Foreman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 10 *Years,* 10 *Months,* 15 *Days.*

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Kent Co. Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 64 Sarah Ann St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 16 1877

Undertaker, [illegible]

Place of Business, [illegible]

W. A. B. Sellman M. D.
Medical Attendant.

Address Laurel & Carrollton Aves

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 14 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amy Williams

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Seven *Years,* Seven *Months,* Seven *Days.*

Color, colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow or Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 7 years 7 months & 7 Days

Place of Death, {Give street and number.} 221 Dover St

Cause of Death, First (Primary,) Cynanche Maligna

Second (Immediate,) Epistaxis Hem MDC

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16, 1877

Laiberia Cornish *M. D.*
Medical Attendant.

Undertaker, J. H. Small

Place of Business, 67 S. Howard St *Address* 227 Dover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

FORAN'S SAFETY ENVELOPE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about 40 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} In the Basin of Pier No 32 Light St Wharf

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, Nov 16 1877

Undertaker, F. A. Kerchner

Place of Business, Carroll Co Md

C. C. Lee M.D.

~~Medical Attendant~~

Coroner's Jury

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen O'Reilly.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 25. years.

Place of Death, {Give street and number.} No 115. E. Eager. st. 3rd

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Nov 16 77

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St.

H. J. O'Reilly M. D.
Medical Attendant.

Address No 235. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 21928 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia M Brewer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 17 Months

Place of Death, {Give street and number.} 258 W Fayette St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Laryngeal Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, Nov 17/77.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

Geo. L. Brewer M. D.
258 W Fayette St Medical Attendant.
Address Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 21929

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Tucker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 314 Mc Henry St.

Cause of Death, First (Primary,) Low Vitality

Second (Immediate,) Exhaustion

Duration of Last Sickness, From Birth.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 16th

J. M. White. M. D.
Medical Attendant.

Undertaker, Buckston & Son

Place of Business, 606 W. Balto. St. *Address* 30 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 21930

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH 1877 STATISTICS BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th — 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Mooney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 Years, 4 Months, Days.

Color, White — *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 257 Light St.

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 17 — 77

Undertaker, Knabe & Denny

Place of Business, No 163 Light St — *Address* 242 N. Lombard St.

Edward R Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Rieg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Four *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpet weaver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. 25 Yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 301 E. Canal St.

Cause of Death, {First (Primary,) Phthisis,
Second (Immediate,) Asthma 3 yrs,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cemtr.

Date of Burial, Nov. 17. 1877.

{*Undertaker,* H. Hofmann
Place of Business, 63 N. Eden St.

D. Ireland M. D.
Medical Attendant.

Coroner. E. Leigh
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Miller

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 21 *Years,* ——— *Months,* ——— *Days*

Color, white

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Richmond Va

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 35 McHenry Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)} 3 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 18th 1877

Undertaker, W. C. Watchman

Place of Business, 191 S. Bond St

James H Lewis M.D.

Address, Commis of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by W. Carroll Sunday Inspector

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE.

Permit No. 21933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mearey Ann Kitzinger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 180 East St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem D. N. Ennis M. D.

Medical Attendant.

Date of Burial, Nov 18th

Undertaker, P Kimmel Address Co Maryland Ave

Place of Business, 311 Bultimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 21934

OFFICE OF REGISTRAR OF VITAL ST...

BAL...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stotz

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 458 N. Gay Str

Cause of Death, {First (Primary,) Congestion of the lungs / Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 18/77

{*Undertaker,* Adam Dink / *Place of Business,* 461 N. Gay Str.}

A. Aronsohn M. D.
Medical Attendant.

Address 254 N. Caroline Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE NOV 1877

Permit No. 21935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 88 Camden St

Cause of Death, {First (Primary,) Cirrhosis

Second (Immediate,)

Duration of Last Sickness, 4 Mo

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 17th 1877

Undertaker, John S Thacher

Place of Business, 150 Camden St

I A Bruner M. D.
Medical Attendant.

Address 76 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21936

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean Rouge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, color

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland . 31 years in U S

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 20 20 Forest St

Cause of Death, First (Primary,) Inter pernia

Second (Immediate,) Uremia, paralysis, Heart trouble & chronic inflammation of kidneys

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent cemetery

Date of Burial, Nov 17 1877

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Edward Wells M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21997

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta E. Mackan

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 12 E Lombo

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 18 1877

Undertaker, James P Byrne

Place of Business, No 63 N Gay Street

Horace Barnard M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 17 1877 OBR

Permit No. 21938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said. Accessed, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Small.

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, Twenty four *Years,* ——— *Months,* ——— *Days*

Color, Black.

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line} Boatman

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pier 2 Light St.

Cause of Death, First (Primary,) Drowning

Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Dallas st Cem

Date of Burial, Nov 20 1877

Undertaker, Theo J Locks

Place of Business, 56 Jefferson

H. Tatem M.D.
Medical Attendant's

Conrad Ehrt
Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21939.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 17 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Bernei

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 109 E Lombard St

Cause of Death, First (Primary,) Dilatation of the Heart

Second (Immediate,) Apoplexy

Duration of Last Sickness, 18 Hours.

All the above information should be furnished by the Physician.

Place of Burial, F. P. & F. Cemetery

Date of Burial, ~~F. [illegible] November~~ 18

Undertaker, L. Herzog

Place of Business, 96 S Eden St

Abram B Arnold M. D.
Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

NOV 17 1877 BALTIMORE, MD.

Permit No. 21940

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Bell Jacobs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five — *Years,* One *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 283 Argyle avenue

Cause of Death, First (Primary,) diphtheria

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 18 Nov

Lucian Buchanan *M. D.*
Medical Attendant.

Undertaker, J H Chalmers

Place of Business, 262 Penn av *Address* 130 Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

DEC 17 1877 BALTIMORE, MD.

Permit No. 21941

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Sears

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, eighty-one *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} No 19 Union Ave (Belvidere)

Cause of Death, First (Primary,) Congestion

Second (Immediate,) Coma

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Millington Md.

Date of Burial, Dec 17th 1877

Undertaker, Wm. H. Lemmon

Place of Business, No 64 East St, *Address* 166 Fayette St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 17 1877 BALTIMORE, MD.

Permit No. 21942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orrin & Ruth E. Page (Parents)

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days*

Color, Col^d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 60 Orchard St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem^y

Date of Burial, Nov 17th 1877

James H Steuart M.D.
~~Medical Attendant~~

Undertaker, S. H. Glass

Place of Business, Howard St

Address, Comm^rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Wm Carroll Sanitary Inspector

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 17 1877 BALTIMORE

Permit No. 21943,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Banke.

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ~~—~~ *Years,* 7 *Months,* 22 *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 81 N. Wolf St.

Cause of Death, {First (Primary,) whooping Cough.

{Second (Immediate,)

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem. J. Lamont Stewart M.D.

Date of Burial, Nov 18 1877

Undertaker, C. Rossing *Address,* Commrs of Health

Place of Business, E. Fayette St. Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Investigation of Facts by R. Jackson Saturday Nov 17 from Family

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 17 1877 BALTIMORE MD.

Permit No. 21944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Ann Miles Minnie

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* — *Months,* — *Days.*

Color, W *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 189 Aisquith St

Cause of Death, { First (Primary,) Congestion Inanition

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery Govers Ln. W W Miles M. D.

Medical Attendant.

Date of Burial, Nov 18th 189 Aisquith St

Undertaker, Geo Schilling *Address*

Place of Business, Ashland Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 17 1877 BALTIMORE

Permit No. 21945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hall

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 1 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 Stockholm St

Cause of Death, {First (Primary,) Cold — Second (Immediate,) Convulsions

Duration of Last Sickness, 16 days —

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md

Date of Burial, Nov 17 '877

Undertaker, D. W. Lucas &

Place of Business, Howard St

Thos H Steuart M.D.

Address. Comm. of Health

Negro Man

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Wenman Sunday 1 ock [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 17 1877 BALTIMORE MD.

Permit No. 21944,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Dunmore

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 7 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1, Bolton St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet. James A Steuart M.D.

Date of Burial, Nov 17 1877 Physician's Residence.

Undertaker, John H Jordan Address, Corn of Health & Registrar

Place of Business, Park ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Saturday Inquest

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 17 1877 BALTIMORE.

Permit No. 21947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Walter Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 154 N. Caroline St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy —

Duration of Last Sickness, 45 Days —

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, Nov 18 1877

Undertaker, Jno L Broll

Place of Business, 54 N Broadway

D. D. Glass M. D.
Medical Attendant.

Address 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21948

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Bradford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} John & Spring Sts.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} John & Spring Sts.

Cause of Death, First (Primary,) Trismus Nascentium 18 hours.

Second (Immediate,) 18 hours.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, November 17th. 1877.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Martin Brune M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877 BALTIMORE.

Permit No. 21949.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Love

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Forty five *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Many one years

Place of Death, {Give street and number.} # 10 Parish Ln

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 17

Undertaker, J B Cook

Place of Business, 707 W Baltimore

J. L. Smithers M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 1877 BALTIMORE

Permit No. 21950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane King

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 22 24 E Baltimore

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,) Coma

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Methodist Prot. Ground

Date of Burial, Nov 19 3 P.M.

Undertaker, W. R. Stace

Place of Business, 233 E. Balto

Address 24 E Balto

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 17 1897 BALTIMORE

Permit No. 21957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C Mercer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2. *Years,* 9. *Months,* 20. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 347 E Chases St

Cause of Death, {First (Primary,) Tuberculus Meningitis
Second (Immediate,)}

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, November 18 th

{*Undertaker,* Peter Kimmit
Place of Business, 311 Baltimore St

Sherdow Ord & M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21952

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1877 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Belle Woodlin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* —— —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 Greenmount St.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] County

Date of Burial, [illegible] 1877

Undertaker, [illegible] C. Jones

Place of Business, [illegible] Park St.

D. E. Keller M. D.

Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 18 1877 BALTIMORE

Date of Death, Saturday Nov 17 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuella Hann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 5 Weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 138 E. Broadway

Cause of Death, {First (Primary,) Inanition

{Second (Immediate,)

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Hebrew Cemetery

Date of Burial, Nov 18 1877

Undertaker, M Langford

Place of Business, 1 Gough St

Emma E. Donnelly *M. D.*
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21954

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 18 1877 BALTIMORE

Date of Death, Nov. 17th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eudora Virginia Sandy

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* *Days.*

Color, white,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 443 E. Fayette St.

Cause of Death, {First (Primary,) Typhoid Fever / Second (Immediate,) Coma.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, November 19/77

Undertaker, Thos. P. Hughes

Place of Business, No. 40 E Balto St ~~No. 236 Madison Ave~~

G. Glanville, Md. M. D.
Medical Attendant.

Address Balt. & Peach. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 21955

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 17 1877 BALTIMORE

Date of Death, Friday Nov. 16th 2 20 A. 12. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felicia Webb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cambridge Md.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 6 do. Castle St.

Cause of Death, {First (Primary.) Consumption

{Second (Immediate.)

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, Nov 18 1877

Undertaker,

Place of Business, 199 Howard St.

James E Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Herrow.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Five Years.

Place of Death, {Give street and number.} St Vincents Hospital, ~~Lombard~~ Eutaw ave.

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Cerebral Hemorrhage,

Duration of Last Sickness, One day. –

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, Nov 18 1877

Henry T Smith M. D.
Medical Attendant.

Undertaker, James F Byrne

Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Farrell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel County Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} No 18 Hanover St

Cause of Death, {First (Primary,) Chronic Bronchitis

Second (Immediate,) " Gastritis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lawn Cem

Date of Burial, Nov 18 1877

Undertaker, Theo J Socks

Place of Business, 56 Jefferson

Wm L Russell M. D.
Medical Attendant.

Address, Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th A.D. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace Lorrilee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 7 N. Durham St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Nov 18 1877

Undertaker, Theo J Socks

Place of Business, 56 Jefferson

G. Glanville Lusk M.D.
Medical Attendant.

Address Balt & Mach. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 19 1877 BALTIMORE MD

Permit No. 21959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Mary Riley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Five *Years,* two *Months,* Twenty four *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 213 Laurel St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, November 19th 1877

Undertaker, Jacob Weaver

Place of Business, Nos 476 Druid Hill Ave *Address* 262 Madison Ave

Elias L. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT NOV 19 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Morris Leonard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 9 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagers Town Md

Duration of Residence in the City of Baltimore, Forty five (45) years

Place of Death, {Give street and number.} 782 Balt St (West)

Cause of Death, First (Primary,) Softning Brain

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 19th 1877

J W^m Cossell M. D.
Medical Attendant.

Undertaker, for F. Keane

Place of Business, 198 W Balt

Address 306 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 19 1877 BALTIMORE

Permit No. 21961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert McConn,

Sex, Male or Female, {Cross out the word not required in this line.} male,

Age, 28 *Years,* [redacted] *Months,* 25 *Days.*

Color, Brown, *Sex,* [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, Waiter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} No 9 Courtlandt St.

Cause of Death, First (Primary,) Phthisis,

Second (Immediate,) Phthisis,

Duration of Last Sickness, 16 months,

All the above information should be furnished by the Physician.

Place of Burial, R. C. Cathedral

Date of Burial, Nov 20 1877

Undertaker, [illegible] & Gosden

Place of Business, [illegible] East Ave

W. P. Morgan M. D.
Medical Attendant.

Address 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 19 1877 BALTIMORE

Permit No. 21962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th Nov. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} not Named

Sex, Male or Female, {Cross out the word not required in this line.} Son of H. Jauntleroy

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, B *Sex,* boy

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 11 Mann Alley

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 11 Mann alley

Cause of Death, First (Primary,) Premature birth at 8th month

Second (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Nov 19 1877

Date of Burial, Laurel Cemetery

Undertaker, Lewis Dobson

Place of Business, 13 Park Ave

J. R. Page M. D.
Medical Attendant.

Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT NOV 19 BALTIMORE

Permit No. 21963

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jane Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* 9 *Days.* 8

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} South W Ramsay n. Lee

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 17th

Wm F Kershaw M. D.
Medical Attendant.

Undertaker, Samuel Shaw

Place of Business, 17 S Howard St Address Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore, City of Baltimore, 18...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE 19

Permit No. 21964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Frey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Teacher of modern Languages

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number.} 251 W. Fayette St.

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) Oedema of Lungs.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Nov 21st

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Abram B. Arnold M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21965.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Catherine Clark.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female.

Age, 21 *Years,* 10 *Months,* 6 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 329 N. ~~Baltimore~~ Broadway

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,)

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Nov 19 1877

Dr J. J. Cockrill M. D.
Medical Attendant.

Undertaker, Fu & Bro

Place of Business, 134 N Broadway *Address* 33 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

NOV 19 1877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane D. Tetwood

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 30 *Years,* 3 *Months,* 13 *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 30 years 3 mos 7 13 days

Place of Death, {Give street and number.} 419 E. Eager st

Cause of Death, {First (Primary,) Hypertrophy Heart / Second (Immediate,) Dropsy

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 20th 1877

Undertaker, John N. Weaver

Place of Business, 422 W. Fayette St

Wm L. Russell M.D.
Medical Attendant.

Address, 18 Broadway
Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 19 1877 BALTIMORE

Permit No. 21967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles M Hobbs

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 7/12 *Years,* 10 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Patterson av

Cause of Death, First (Primary,) ———

Second (Immediate,) Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial,

A Tinsley M. D.
Medical Attendant.

Undertaker, W. M. Levering

Place of Business, 782 West Baltimore st *Address*

386 Druid Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 19 1877 BALTIMORE MD.

Permit No. 21968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Smiley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 224 George St Philadelphia Pa.

Cause of Death, First (Primary,) Senility

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 20 Nov 1877

Undertaker, Thos P Hughes

Place of Business, 238 Madison Address 1211 W. Monument St

G W. Wellenbrock M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21969.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Sched

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 74. *Years,* 4 *Months,* 10. *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line}

Occupation, Grass.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bravaria

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and number.} Cor Fank & Mulberry Sts

Cause of Death, First (Primary,) Bronchitis acute

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 19

Undertaker, H Bergmann

Place of Business, 45 E Clay St

Louis Chr. Furst M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 19 1877

Permit No. 21970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Miller

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Sixty Eight *Years,* ——— *Months,* ——— *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 176. South Durham St.

Cause of Death, {First (Primary,) Heart disease. Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, November 19th 1877

Undertaker, John C. Schuh

Place of Business, 265 Alice anna St

D C Hedrick M.D.

Medical Attendant.

Address, Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 19 BALTIMORE

Permit No. 21971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Dolsen

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 25 *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County, Md

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number.} No 826 Henry St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) From Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 16th

Undertaker, Jacob Davis

Place of Business, 103 Lee St *Address* 260. S. Eutaw St

J. T. Scully *M. D.*
Medical Attendant.

Bell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 19 1877 BALTIMORE.

Permit No. 21972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Bonacker

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 36. *Years,* 8. *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} German

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} Granby between N & O

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) .....

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Cemetary

Date of Burial, november 20

Undertaker, Fred. Goette

Place of Business, 21 S. Carrollton

[illegible] M. D.

Medical Attendant.

Address, 106 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT NOV 19 1877 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Stokes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Raborg st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Convulsions.

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20th 1877

Undertaker, Wm James Gray

Place of Business, 63 Mulberry St

C. F. Brown M.D.
Dr Lockwood
Medical Attendant.

Address Lexington near Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

NOV 19 1877 BALTIMORE, MD.

Permit No. 21974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Deacon

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England —

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 261 Aisquith St.

Cause of Death, First (Primary,) Pneumonia - Congestion of Lungs

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20 November 1877

Undertaker, John F. Schuch

Place of Business, 268 Aisquith

L. Lawson Wilkins M. D.
Medical Attendant.

Address, 91 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 19 1877 BALTIMORE

Permit No. 21975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalene Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 9 *Months,* ..... *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany,

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number.} 178 S. Chapel St.

Cause of Death, {First (Primary,) ..... ; Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, 5 Germ Reformed St Paul cemetery

Date of Burial, Nov 19th

Undertaker, H Frechlich

Place of Business, 246 Eastern Av

Aug. F. Erich ..... *M. D.*
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 19 1877 BALTIMORE.

Permit No. 21976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Endres

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} female

Age, 63 *Years,* *Months,* *Days*

Color, white

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.} widow

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 364 E. Fayette st

Cause of Death, {First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, November 20th

{*Undertaker,* [illegible]

Place of Business, 35 Bank

D. G. Bauer M.D.
Medical Attendant.

Address, 7 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 19 1877

Permit No. 21977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August C. Reckmeier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* Four *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 596 N. Baltimore Street

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Pats cemetery Chas Mneff *M. D.*

Medical Attendant.

Date of Burial, November 20

Undertaker, J B Carr

Place of Business, 107 West Baltimore *Address* 306 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bohnhardt.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fourty *Years,* Ten *Months,* Sixteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, One half year

Place of Death, {Give street and number.} S. E. Cor Dover & Penn Sts

Cause of Death, First (Primary,) Tuberculosis of Lungs & Hypertrophy of Heart.

Second (Immediate,) Hemorrhage of Lungs.

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Lundon Park

Date of Burial, November 20/77

Undertaker, George Leimbach

Place of Business, 389 W. Pratt St.

H. D. Bohmer M. D.
Medical Attendant.

Address S. E. Hoyle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy A Bailey

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, White widow

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Market woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} No 61 Union St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Heard disease ?

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Holy cross cemetery

Date of Burial, Nov 20 1877

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Edwin D Walker M.D.
Medical Attendant.

Address Coroner Bri O D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Raundtree

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 61 years

Place of Death, {Give street and number.} 314 Fisquith st

Cause of Death, {First (Primary,) Apopleay

Second (Immediate,) Asthenia

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cem

Date of Burial, November 20th 1877

Undertaker, Wm H. Hickman

Place of Business, No 234 Jay st

A Abrahams M. D.
Medical Attendant.

Address 254 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

NOV 20 1877 BALTIMORE MD

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. A. Russell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 229 Henrietta St.

Cause of Death, {First (Primary,) Second (Immediate,)} Gastritis Acute

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 20.

Undertaker, Hurd & Ross

Place of Business, 180 Mt. St.

R. M. Hall M.D.
Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21982.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th November. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Francis Wiley.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 55. *Years,* *Months,* *Days.*

Color, White. *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Book & Job Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, All his life, excepting 12 years in Philadelphia

Place of Death, {Give street and number.} No 191 Fayette St. Cor. Paca St.

Cause of Death, First (Primary,) Valvular Disease of Heart: both Mitral & Aortic.

Second (Immediate,) Albuminuria and Uraemic Coma.

Duration of Last Sickness, About Nine Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 21st Nov 1877

W. Cowan Bibbins M. D.

Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21983,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} G. W. P. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 13. years

Place of Death, {Give street and number.} 169. W. John St

Cause of Death, First (Primary,) ....

Second (Immediate,) Paralysis

Duration of Last Sickness, 19. days

All the above information should be furnished by the Physician.

Place of Burial, Phila Pa

Date of Burial,

Undertaker, H. W. Jenkins & Son

Place of Business, 10 Light St

F. T. Miles M. D.
Medical Attendant.

Address 24. Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 930

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH NOV 20 1877 BALTIMORE, MD.

Permit No. 21984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Gray Watts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* 0 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Mount Ver Known Burgundy Cy.

Cause of Death, {First (Primary,) Diptheria} {Second (Immediate,) Spasm of Glottis}

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 20th 1877

Undertaker, John S Mosher

Place of Business, No 150 Camden

W. W. Colburn M. D.
Medical Attendant.

Address 369 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 20 1877 BALTIMORE

Permit No. 21985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. M. Brandel

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Sixty nine *Years,* Eight *Months,* Two *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria, Germany

Duration of Residence in the City of Baltimore, Thirty nine Years

Place of Death, {Give street and number.} #955 W. Baltimore St

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,)

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 21st

Undertaker, Peter Hummert

Place of Business, 307 East Baltimore St.

L. G. Smithicum M.D.
Medical Attendant.

Address, #584 N Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21986.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Battrell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 11. *Months,* ..... *Days.*

Color, ...

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~ .....

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

~~*Duration of Residence in the City of Baltimore,*~~ Life

Place of Death, {Give street and number.} 108 Townsend st

Cause of Death, {First (Primary,) Diphtheria. Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 21st

{*Undertaker,* Chas Lorimer
Place of Business, 271 Eastern Av.

Glane Tarleton M. D.
Medical Attendant.

Address 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 20 1877 BALTIMORE

Permit No. 21987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Martin Mother

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} In rear of 16 Forrest St

Cause of Death, First (Primary,) Malnutrition

Second (Immediate,) Inanition

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 20th 1877

Undertaker, C. Sheetz

Place of Business, Pratt St

James A Steuart M.D.

~~Medical Attendant,~~

Address, Com of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson Sanitary Inspector

Board of Health, City of Baltimore.

HEALTH DEPARTMENT NOV 20 1877 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Sanders

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 4 *Years,* 0 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} * 304 E. Monument

Cause of Death, {First (Primary,) Diphtheritic Croup

Second (Immediate,) Apnoea

Duration of Last Sickness, *3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Lukes Cemetery

Date of Burial, Nov 22 1877

Undertaker, Henry Stout

Place of Business, 309 Central Ave

A. Hartman Jr. M.D.

Medical Attendant.

Address, * 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH DEPARTMENT NOV 20 1877 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 yrs *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, Since (9) years

Place of Death, {Give street and number.} 43 Parish St

Cause of Death, First (Primary,) ———

Second (Immediate,) Consumption

Duration of Last Sickness, about one (1) year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 20 1877

Undertaker, Wm V Dugee

Place of Business, No 62 East St

L. C. Schnier *M. D.*
Medical Attendant.

Address 626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 20 1877 BALTIMORE MD.

Permit No. 21990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th November 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luise Huber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* / *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Broadway 226

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheritis 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, November 21st 1877

Undertaker, H. H. Gilmeyer

Place of Business, 341 Canton Ave.

William Henkel M. D.
Medical Attendant.

Address S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 23 1877 BALTIMORE

Permit No. 21991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Frisch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Berlin, Prussia,

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} 12 N. Gilmor St.

Cause of Death, {First (Primary,) Phthisis.} {Second (Immediate,) Pneumonia.}

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21st

{*Undertaker,* Geo Schilling} {*Place of Business,* Ashland & Lynn}

Edward P. Davis M. D.
Medical Attendant.

Address 137 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT NOV 20 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dölsch

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 7 yrs in Amn

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} Hospital Hs Jail

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 1 yr

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 21st 1877

Undertaker, H. Schultheis

Place of Business,

Wm Lee Perry M.D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Mitchell

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shipmaster.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England.

Duration of Residence in the City of Baltimore, 25 days.

Place of Death, {Give street and number.} Chmel Home & Infirmary. N. Paca

Cause of Death, {First (Primary,) Typhoid Fever.

Second (Immediate,)

Duration of Last Sickness, 24 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov. 21. 1877

Undertaker, H. A. Dair

Place of Business, 74 S. Broadway

J. H. Hack M.D.
Medical Attendant.

Address, 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single 4 4 3 12

Occupation, (Child)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia. Pa

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 12 Temple st

Cause of Death, First (Primary,) Organic Heart Disease

Second (Immediate,)

Duration of Last Sickness, 5 Several months

All the above Information should be furnished by the Physician.

Place of Burial, New Asbury Cem

Date of Burial, Nov 20 1877

D Wheeler Bartlett M. D.
Medical Attendant.

Undertaker, Theo J Locke

Place of Business, 56 Jefferson st *Address* 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Ce[rtificate] setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) [of the] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 21 1877 BALTIMORE.

Permit No. 21995.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Jane Laughlin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland, 45 yrs in U.S.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 212 Biddle St.

Cause of Death, First (Primary,) Apoplexy, Supposed,

Second (Immediate,) "

Duration of Last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 22

Undertaker, C. W. Lippard

Place of Business, 201 Penn av

John D. Pennington M.D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 21 1877 BALTIMORE

Permit No. 21996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Scarbrough

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Blankney England

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 25 Federal st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Many weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, 21st Nov

Undertaker, C H Blizzard

Place of Business, 201 Pennsylvania

P. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK SAFETY FILM

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 21 1877

Permit No. 21997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Schmiger

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Twenty Five ~~Years~~, ——— *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Bootmaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Allktown

Place of Death, {Give street and number.} Wolfe St

Cause of Death, {First (Primary,) Drowning

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Pul Cemetery

Date of Burial, Nov 20 th

Undertaker, Charles Stuper

Place of Business, Pratt Webster St

D E Island M.D.
Medical Attendant.

Coroner E.D. int.
Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Scribner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 8 *Months,* 1st *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Maryland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} No 2 Blind Johns Court

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21 "877

H K Hance *M. D.*
Medical Attendant.

Undertaker, Wm Scribner *Address* 165 Saratoga

Place of Business, 36. Redberg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21999.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th November 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margaretta Beil.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49. *Years,* *Months,* *Days.*

Color, White. *Sex,*

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Store keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria.

Duration of Residence in the City of Baltimore, About twenty five years.

Place of Death, {Give street and number.} No. 130 Lexington st.

Cause of Death, First (Primary,) Intestinal haemorrhage. from Mouth & bowels.
Second (Immediate,) Sukaemia. or Leucocythaemia.

Duration of Last Sickness, About Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 24 1877

W. Crum Bibbins M. D.
Medical Attendant.

Undertaker, P. Kummert

Place of Business, Mulberry St Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Causes of Disease on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20 — 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Murray

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Thirty-five *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cheston Town Md

Duration of Residence in the City of Baltimore, About Twenty-five years

Place of Death, {Give street and number.} No 16 Little Monument St.

Cause of Death, {First (Primary,) Tracheal Consumption

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Locust Grove

Date of Burial, Nov 22. 1877

Undertaker, Samuel W. Brown

Place of Business, 199 Howard St

D. E. Rhea M.D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th. Nouber. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lophie Hufnagle

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 9 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 225 Canal st. (South

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatina

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Nov 22 nd 1877

Undertaker, J B Cook

Place of Business, 417 W. Baltimore street

O Hoffmeier M. D.
Medical Attendant.

Address 57 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22402. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th — 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Sulvine Walter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, — Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 353. S. Bond St

Cause of Death, {First (Primary,) Cancer — of Throat

{Second (Immediate,) do

Duration of Last Sickness, about 1 year —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov 22d 1877

Undertaker, Wm Wheeler

Place of Business, 132 Caroline St

H. D. Thum M. D.
Medical Attendant

Address Sherwood Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22093,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw Reddihan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Press Feeder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore 17 Years

Location of Residence in the City of Baltimore, 7 Long alley

Place of Death, {Give street and number.} Premises

Cause of Death, {First (Primary,) ..... Second (Immediate,)} 4 days

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 21 1877

Undertaker, Jas C Jones

Place of Business, N 65 Park Ave

Ed H Keller M. D.
Medical Attendant.

Address 166 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 November

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frederick Ebert

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 *Years,* 4 *Months,* 27 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Sharp St. corn of Henrietta.

Cause of Death, First (Primary,) Apthheritis

Second (Immediate,) Paralysis of the heart

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, 22 Nov

Undertaker, Julius Köhler

Place of Business, S. Sharp & Eutaw St

Dr. F. Reinhardt M. D.
Medical Attendant.

Address 224 W. Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th Nov. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Doritha Diehlmann

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number.} 186 Cross St. Balto.

Cause of Death, {First (Primary,) ... Apoplexy of Brain. Second (Immediate,) ...

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 22d 1877

Undertaker, Julius & Rachlin

Place of Business, Sharp & Cross.

A. H. Hodge M. D.
Medical Attendant.

Address 207 Hanover St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Matilda Forbes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State nr country (and how long in the United States, if of foreign birth.} Westmoreland Va

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 45 Mulberry St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 22nd 1877

Undertaker, Jacob Weaver

Place of Business, No 46 Druid Hill Avenue

W. J. Murdoch M. D.
Medical Attendant.

Address 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 21 1877 BALTIMORE

Permit No. 22007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Joshua Lucas

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* (Parent) *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 155 Sarah Ann St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial, Shot's St. Cem'y

Date of Burial, Nov 21st 1877

Undertaker, S. W. Chase

Place of Business, Howard St

James A Steuart M.D.

~~Medical Examiner.~~

Address, Comm's of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Conroll Sanitary [over.]

Board of Health, City of Baltimore,

Permit No. 22008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20 — 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa B. Ayres

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} female

Age, 17 *Years,* 8 *Months,* 12 *Days.*

Color, white *Sex,* female

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa —

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 339 Eastern avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) —

Duration of Last Sickness, about 2 years. only saw her once

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, Nov. 22, 1877

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

L C Benzinger M. D.
Medical Attendant.

Address N.E. Cor Fayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22009 | OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 22
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia C. Barton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 11 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} 423 E. Lombard St.

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 23d /77

Undertaker, Fry & Son

Place of Business, 42 N. Broadway

R. W. Mansfield *M. D.*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Seelbach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Cor Lexington & Paca Sts

Cause of Death, First (Primary,) ——— Second (Immediate,) Congestion Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Bethlehem cemetery

Date of Burial, Nov 23 d 1877

Undertaker, J B Cook

Place of Business, 1270 W Baltimore street

W K Warren M. D.
Medical Attendant.

Address 165 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

Date of Death, Nov 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenetta Hanson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 188 Lynn St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Chas A Inman M. D.

Date of Burial, Nov 22nd 1877 Medical Attendant.

Undertaker, Jacob Wagner

Place of Business, Druid Hill Address 57 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Johnson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 159 E. Chestnut

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, November 22 1877

Undertaker, Wm H. Hickman

Place of Business, No 234 W. Jay

Geo H. Grayson M.D.
Medical Attendant.

Address, 18 Asquith

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Trueenbrier

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 M. *Years,* One *Months.* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 117 Mc Culloh St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, November 23rd 1877

L. R. Brown M. D.
Medical Attendant.

Undertaker, Wm H. Hoffman

Place of Business, No 234 N Gay *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22014

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Colladay

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 579 W Fayette St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) —

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 23d 1877

Undertaker, Thos Shea & Co

Place of Business, 580 Fayette St

R. K. Kuass M. D.

Medical Attendant.

Address 531 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24015

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Major Darbee

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 241 W. Fayette

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) "

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov 23d 1877

Undertaker, Thos Shaw & Co

Place of Business, 536 Fayette

Thomas Opie M.D.

Medical Attendant.

Address, 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22016, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Lee Wolf

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, four *Years,* one *Months,* 0 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 34 Mosher St

Cause of Death, First (Primary,) ....

Second (Immediate,) Diptheria

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 23 1877

Undertaker, Jacob Weaver

Place of Business, No 416 David Hall Ave

Thomas Shearer M. D.
Medical Attendant.

Address 9 E. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22017

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 22d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Rees

Sex, Male or Female, {Cross out the words not required in this line.}

Age, One *Years,* Two *Months,* Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 141. Ridgely St. E. Baltimore

Cause of Death, First (Primary,) ~~Inflammation of~~ Croup Gastritis

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Stephanies Bam

Date of Burial, Nov 23d 1877

Hummer & Fox. M. D.
Medical Attendant.

Undertaker, Jacobs Koehler

Place of Business, Sharp & Cross Sts

Address, 15 N. Penna Ave Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 42018 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

Date of Death, November 21. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Otto~~ Ella Lobaum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, one Years, 5 Mo. Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number.} 216 Lee St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 23

Undertaker, Wm J. Dickens

Place of Business, 66 E Eutaw St

Sheldon Corbin M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22019.

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th 2 P.M. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda J. Walker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 224 Cohen St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Don't know my visit her once

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 22. 1877

Undertaker, M. A. Danzer

Place of Business, 44 S. Broadway.

James E. Knowles M. D.
Medical Attendant.

Address 222 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22020,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st. Noon. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Gilpatrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 20 S. Front

Cause of Death, First (Primary,) Lobar pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov 23rd '77

James E. Donelle M.D.
Medical Attendant.

Undertaker, Michael Ahern

Place of Business, No 280 Canton Ave

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22121

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. L. Graulich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 President St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Diphtheria

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, Nov. 23, 1877

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave *Address*

G. Liebmann M. D.
Cor. N. Front *Medical Attendant.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 24044 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Baker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 111 Eastern avenue

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, about 14 months - I only saw him once

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 23 d

{*Undertaker,* M. Tuite
Place of Business, No 35 Bank St. *Address* Cor Bond & Wolf sts

Jno Benzinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corouor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22023, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Backus Jeffreys

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Twenty Five *Years,* 3 ~~Mos~~ *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Twenty Five years 3 months

Place of Death, {Give street and number.} No 133 E. Monument St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 24th

{*Undertaker,* Geo Schilling
Place of Business,

A P C Yeates M. D.
Medical Attendant.

Address 138 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Smith,

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 03 *Years,* *Months,* *Days*

Color, White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 112 Pennsylvania Avenue,

Cause of Death, {First (Primary,) Brights Disease of Kidneys

Second (Immediate,)

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov. 23/77

Undertaker, H. W. Jenkinson

Place of Business, 16 Light St.

Jno. D. R. Rogers M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20th November 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Roulls Cary

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 7 *Years,* *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Parish St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Laryngeal complication -

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 23rd 1877

Undertaker, J B Cook

Place of Business, 1070 W Baltimore Street

W McMechen M. D.
Medical Attendant.

Address, 101 E Fayette St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22036 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Andrew Reckman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* Eight *Months,* Nine *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 57 N. Balt. Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 23rd 1877

Undertaker, J B Cook

Place of Business, No 707 N Baltimore Street

Chas McNeil M. D.
Medical Attendant.

Address 306 N. Hayden Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22027

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday November 21st, 11 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Weismann

Sex, Male ~~or Female.~~ {Cross out the words not required in this line.}

Age, ~~Years,~~ Three *Months,* Twelve *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 496 W. Pratt Sheet.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 496 W. Pratt Sheet.

Cause of Death, {First (Primary,) Indigestion
Second (Immediate,) Enquitum

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, western cemetery

Date of Burial, Nov 23 rd 1877

Undertaker, J B Cook

Place of Business, 1707 W Baltimore street

Emil H Elderdice M. D.
Medical Attendant.

Address, 82 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie R. Kiley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 66 S. Chester St.

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,) "

Duration of Last Sickness, about 26 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 23rd 1877

E. T. Bruns *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address* 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 22029.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Sarah O'Neill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 Harlem Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asthenia

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathl City

Date of Burial, Nov 24 1877

Undertaker, Saml H Adams

Place of Business, 35 Park Ave

F. E. Chatard Jr. M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22030

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22 November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vinton Ball

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 22 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Employee Wilkens Hair Factory

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Prince Georges Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 8 Dover St West of Fulton

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Howard County

Date of Burial, 24th 1877

Undertaker, J R Lisk

Place of Business, 1207 N Baltimore street

W L Keech M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Slater

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 7 *Years,* 10 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 757 W Baltimore St

Cause of Death, First (Primary,) Tubercular diathesis - Cumulation of Spine and Cord

Second (Immediate,) Meningitis -

Duration of Last Sickness, Two weeks -

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 24th 1877

Undertaker, G R Cook

Place of Business, 1 & 707 W Baltimore street

Wm Reynolds M.D.

Medical Attendant.

Address, 8 McFaydden & Carlton

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22032

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Brunner

~~Male~~ ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, ~~Widow~~, *Widower,* {Cross out the words not required in this line.}

Occupation, Sugar Refiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria D.C.

Duration of Residence in the City of Baltimore, Nearly all his life

Place of Death, {Give street and number.} No 125 North Paca Street

Cause of Death, First (Primary,) Intermittent Fever

Second (Immediate,) Exhaustion from Kachexia.

Duration of Last Sickness, Nine Weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cimetery

Date of Burial, Nov 24th 1877

Undertaker, John Thacher,

Place of Business, No 150 Camden & Address No 16 th Liberty Street

H H Tyson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 22033,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Conrad Rehberger.

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, — *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore md

Duration of Residence in the City of Baltimore, all his natural life

Place of Death, {Give street and number.} 20. Stoney row

Cause of Death, First (Primary,) Inanition

Second (Immediate,) don Spasms

Duration of Last Sickness, 4 days —

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Novbr. 24. 1877.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

G. A. Lehmann — M. D.
Medical Attendant.

Address 86 L. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22034

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Riley.

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 46 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sex, F. Single.

Occupation, Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} 10 S. Front - rear.

Cause of Death, First (Primary,) Cholera Morbus.

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cem't

Date of Burial, Nov. 23rd 1877

Undertaker, C. Shoesmith

Place of Business, 70 Pratt St

H. T. Knodle M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 22035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22 November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling Institution

Duration of Residence in the ~~City of Baltimore~~, 6 days

Place of Death, {Give street and number.} St. Vincents Infant asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 24 1877

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Marbury Brewer M.D.

Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 22036.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paulina Metzger

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 73 S. Edens

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) —

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery

Date of Burial, Nov 25 77

Undertaker, L Herzog

Place of Business, 96 S Eden St

Abram B. Arnold M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, e cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) One hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 23

Undertaker, Charles Strayer

Place of Business, Pratt & Chester Sts

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 22038

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 77

~~*Full Name of Deceased,*~~ { Write legibly and spell correctly. If an Infant not named, give names of parents. } John L Leicht / Caroline Leicht } Parents

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 12 Mons ~~*Years,*~~ ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 38 Patterson Ave

Cause of Death, { First (Primary,) ... / Second (Immediate,) Not Known

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 23 Nov 1877

{ *Undertaker,* C. Weigand / *Place of Business,* 53 Druid Hill Ave }

D. G. Miller M. D.
Medical Attendant.

Address 84 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22039 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Bordley.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, About 30 Years

Place of Death, {Give street and number.} # 53 China St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 23d

Undertaker, McCulloss Ross

Place of Business, 180 Mus St

L. A. Bell M. D.
Medical Attendant.

Address 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22040 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22-77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lilly Worthington

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 2 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 41 Carlton

Cause of Death, { First (Primary,) Diphtheria

Second (Immediate,) 5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 1877

C Woodson M. D.
Medical Attendant.

{ *Undertaker,* Samuel Thomas
{ *Place of Business,* 188 Hanover & 16 St Address 130 Arlington ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Frances Jacobs

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days*

Color, Col^d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 96 Raborg St

Cause of Death, First (Primary,) Malnutrition

Second (Immediate,) Atrophy

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Shaw St. Cemetery

Date of Burial, Nov 23 1877

Undertaker, W. H. Bishop

Place of Business, Druid Hill

James A Steuart M.D.

~~Medical Attendant.~~

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 22042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Matilda Little

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color,

~~Married,~~ ~~Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.} *Sex,*

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 56 Asquith St

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) Apoplexy

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 25th 1877

Undertaker, John S. Weaver

Place of Business, #22 W. Fayette St

Saml S. Powell M. D.
Medical Attendant.

Address No 29 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22043 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Laura Cook Woodward

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 2 *Years,* 9 *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 18 So Eutaw St

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 18 So Eutaw St

Cause of Death, First (Primary,) Malignant Diphtheria

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. Wm. E. Cleaver M. D.

Date of Burial, Nov 28 1877 Medical Attendant.

Undertaker, John Stocker

Place of Business, No 150 Lombard St *Address* 18 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 220454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22d Novbr.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo H. Ruth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Sharp

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov. 25. 1877.

Undertaker, Chas. Rossing

Place of Business, 136 E. Fayette.

C Heitmuller *M. D.*
Medical Attendant.

Address 57 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 22045 — Office of Registrar of Vital Sta...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately fil... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S DEPARTMENT NOV 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Michael Zell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 148 S. Eutaw.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 24th 1877

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

S. Sutro M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore

Permit No. 22046.

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marshall Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 56 S. Charles St

Cause of Death, {First (Primary,) Delirium Tremens

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 24th 1877

{*Undertaker,* H M Jenkins & Son

{*Place of Business,* 16 Light St

Edw F. Mildreand M. D.
Medical Attendant.

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22047

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th mo 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Whitson Averill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 6 Jackson Square.

Cause of Death, {First (Primary,) Cerebral Meningitis

Second (Immediate,) 10 days

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Nov 25-1877

Undertaker, [illegible]

Place of Business, 65 S. Broadway

Wm Riley M. D.
Medical Attendant.

Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 22048 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Stevens

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Massachusetts

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 257 N. Fremont St

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, November 25th 77

Howard Bosley M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 201 Penna Ave *Address* 146 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McFarland

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 84 *Years,* — *Months,* — *Days*

Color, Col'd

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Methodist Minister

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 S. Dallas St

Cause of Death, First (Primary,) old age

Second (Immediate,) Gen Debility — asthma

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Nov 25th 87

James A Steuart M.D.

Undertaker, John W. Locke

Place of Business, Wolf St

Address, Comm'rs of Health

J Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Wenman Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22152,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Marr.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 57 — *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hatter,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~Virginia~~ Georgetown D C

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and number.} 202 Saratoga St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Chronic Gastritis

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D. C.

Date of Burial, Nov 25th 1877

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Avenue

J. T. Hinck M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 932

Board of Health, City of Baltimore,

Permit No. 22057. OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Cooper & I. Cooper (Parents

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Stone alley

Cause of Death, {First (Primary,) Premature Birth (7 mos

{Second (Immediate,) Asthenia

Duration of Last Sickness, all its Life —

All the above information should be furnished by the Physician.

Place of Burial, Second Cem

Date of Burial, Nov 24 '877 James H Lemar M.D.

~~Medical Attendant.~~

Undertaker, W. M. Dunce & *Address,* Comm's of Health

Place of Business, East St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Robert Jackson Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 22052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorotta Caroline Ebert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 292 Hanover st

Cause of Death, First (Primary,) Fibro Cystic Tumor of Uterus.

Second (Immediate,) Surgical Operation.

Duration of Last Sickness, Twenty six hours.

All the above information should be furnished by the Physician.

Place of [redacted] Westwood

Date of Burial, Nov 25-77

J. Harvey Hill M. D.
Medical Attendant.

Undertaker, Wm. J. Ticknor

Place of Business, 65 S. Eutaw Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22053.

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Regina Fuchsberger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 15 *Days.*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt^r Co^u

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 141 E Biddle

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 25 '77

E J Gray *M. D.*
Medical Attendant.

Undertaker, R. Armiger

Place of Business, No 35 Booth St. *Address* 195 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22054.

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accura[te] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas[ed] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Elizabeth althoff

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 2 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the ~~City of Baltimore~~, Institution 3 weeks

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) Chronic

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cemetery

Date of Burial, Nov 25 th

{*Undertaker,* Henry Boiler

Place of Business, Bennetta 181

Warbury Brewer M.D.

Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 22055.

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPA NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 187

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Sc Fuller

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 11 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Infant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, each her life

Place of Death, {Give street and number.} 366 East Payer Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheritis

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cl

Date of Burial, Nov 25 1877

Undertaker, Henry Cook

Place of Business, 309 Eutaw St

S. V. Solomon M.D.
Medical Attendant.

Address, 29 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 22056

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Ceiflow Boyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 55 N. Stricker

Cause of Death, {First (Primary,) Second (Immediate,)} Diptheria

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Park Cem

Date of Burial, Nov 25th 1877

Undertaker, Thos Shea & Co

Place of Business, 518 Fayette E

W. H. McShane M. D.
Medical Attendant.

Address 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 22057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Bradley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 3 *Months,* 20 *Days.*

Color, col

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Chestertown Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Little Mc Elderry st 44

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heart disease Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24th

E. A. Baldwin M. D.
Medical Attendant.

Undertaker, Hechler Bros

Place of Business, 660 180 West

Address 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 22058

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenard Hadaway

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 5 *Years,* 3 *Months,* 23 *Days*

Color, Wh —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 176 Barre St.

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheria

Duration of Last Sickness, 9 days.

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cy

Date of Burial, Nov. 26th 1877

Undertaker, John S Thacher

Place of Business, No 150 Saratoga St

R. J. N. Tall M.D.
Medical Attendant.

Address. 15-2 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SEC. 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, ... time can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ... and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22059 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Hutton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Down Ireland

Duration of Residence in the City of Baltimore, 68 years

Place of Death, {Give street and number.} 113 Park Ave Balt.

Cause of Death, First (Primary,) Old age & Diarhea

Second (Immediate,) Chron Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sunday 26th J. J. Mackenzie *M. D.*
Medical Attendant.

Undertaker, R. C. Emmerson

Place of Business, No 92 N. Howard *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 22060

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24/77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Pellmann

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 25 *Years,* 5 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and number.} 266 Eastern

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Ev St Paul Cemtry

Date of Burial, Nov 25th 1877

Undertaker, Henry Frochlich

Place of Business, 246 Eastern Ave

R. M. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22061,

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, d... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 24 1877 BALTIMORE

Date of Death, November 23rd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catharine Tracey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty two *Years,* Three *Months,* ... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 99 Eastern Avenue

Cause of Death, {First (Primary,) ... Second (Immediate,) Consumption,

Duration of Last Sickness, Eight Months,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov. 26. 1877

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Nicholas L. Dorsett M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 22063

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Hucksoll

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, two *Years,* nine *Months,* Six *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 1740 Mulberry St.

Duration of Residence in the City of Baltimore, 2 y. nine Months Six Days

Place of Death, {Give street and number.} 1[illegible]5 N. Popplelon St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetry

Date of Burial Nov. 26th 77

{*Undertaker,* Adam Weidemeyer / *Place of Business,* 518½ W. Baltimore Sts

Philip Winter M. D.
Medical Attendant.

Address 323 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 22063,

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 25 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T. Offley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7. *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 140 E. Fayette st

Cause of Death, {First (Primary.) / Second (Immediate.)} Spasms

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 24th

Undertaker, Chas Fossing

Place of Business, 136 E Fayette st

J. J. Lynch — M. D.
Medical Attendant.

Address 137 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 22064

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH
25
1877
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Shutt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Eight *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 95 Hampstead St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, In E Cemetery Md

Date of Burial, Nov 25/77

Undertaker, Fry & Son

Place of Business, 54 N Broadway

Name Wm H. Clendinen M. D.
Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 24065 — OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C Redmond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, four *Years,* eleven *Months,* two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 242 Bank Street

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, In E Cemetery Third Road

Date of Burial, Nov 26

Wm H Clendinen, M. D.
Medical Attendant.

Undertaker, Fry & Sis

Place of Business, 74 So Broadway

Address No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 Novb 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Bofo

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* . *Months,* . *Days.*

Color, Welsh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 50 E. Lombard St.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, November 25th 1877

C. Hilton M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, Nos 496 Druid Hill Ave *Address* 57 Abercrombie

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 22067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William. Howard

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, Mulatto *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 10 Mos

Place of Death, {Give street and number.} 7 Young's Court.

Cause of Death, First (Primary,) Cap. Bronchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 25th 1877

Undertaker, Theodore J. Sachs

Place of Business, 56 Jefferson

W. B. O'Reilly M. D.
Medical Attendant.

Address 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 22068 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Victoria Jones

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 21 *Days.*

Color ~~col~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut 21 131

Cause of Death, First (Primary,) ... Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Nov 25th 1877

Undertaker, Theodore Hooks

Place of Business, 56 Jefferson St

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22069.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mediddy

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 100 *Years,* — *Months,* — *Days*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 26 years

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 39 Hill Street

Cause of Death, {First (Primary,) old age

Second (Immediate,) Senile Decay

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem't

Date of Burial, Nov. 26 " 1877

Undertaker, C. F. Krause

Place of Business, Hanover St

James A Steuart M.D.

~~Medical Attendant~~

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ~~date~~ of death, except in cases of births and deaths of illegitimate children. [OVER.]

Investigation by Mr W. Carroll Sanderson Inspector

Board of Health, City of Baltimore,

Permit No. 24070

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jefferies.

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, Wh. 3

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 227 Battery Av.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Pneumonia.

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Peters~~ Y Cemetery

Date of Burial, November 25th

Undertaker, B. Neale

Place of Business, 411 Light St. Ext.

R. J. N. Tall M. D.
Medical Attendant.

Address, 15-25 S. Strieker St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 24071

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Nov. 25. 3 A. M. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Hyde Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 59 N. Gilmor Street

Cause of Death, First (Primary,) Malignant Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 9 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, Nov 26 1877

Undertaker, Fry & Row

Place of Business, 574 W Broadway

James E Donnelle M.D.
Medical Attendant.

Address 297 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 22072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosana Delfelder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 13 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 492 Penna Ave

Cause of Death, First (Primary,) .....
Second (Immediate,) Paralysis – Hemiplegia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Bem

Date of Burial, Nov 26th 1877

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Av

D. H. Keller M. D.
Medical Attendant.

Address 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22073 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bowers

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 3 *Years,* 5 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md - South 21 -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 - Stranyard 21 - North Mile.

Cause of Death, {First (Primary,) Second (Immediate,)} 7 - days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 26th 1877

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Av

Henry J. Clark M.D.
Medical Attendant.

Address Cor Fayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22074 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* × *Months,* × *Days.*

Color, White

Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 265 N Hoffman Street

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion.

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, M. Peirce & Co

Date of Burial, Nov 26/77

Undertaker, Eckart & Weaver

Place of Business, 35, Park Ave Address 88 N Eutaw Street

A. Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Permit No. 22075

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* 15 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 157 Saratoga St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Inanition

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Shorb's Street Cemetery

Date of Burial, Nov 25 1877

Undertaker, William N Bonce

Place of Business, No 10 Stockdale Alley

H. F. Hill M. D.
Medical Attendant.

Address N. E. Cor. Fremont & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22076 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry E. Little

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 604 Light St

Cause of Death, First (Primary,)

Second (Immediate,) Membranous Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, November 26th 1877

Undertaker, Chas. F. Mund

Place of Business, 161 Fawn Street

Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22077

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Rosa

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 62 *Years,* 10 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} Washington Ct

Cause of Death, {First (Primary.) Cardiac Disease

Second (Immediate.)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Chab. Shalom

Date of Burial, Nov 27th

{*Undertaker,* Wm J. Ficken

Place of Business, 65 S. Eutaw

Chas C Thomas M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22078

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Healey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 271, Bunk

Cause of Death, {First (Primary,) .....} {Second (Immediate,)} Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cimetery

Date of Burial, November 26th 1877

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.

M. J. Gately M. D.
Medical Attendant.

Address 7 11 4, Bunk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen V Thomas Becker (Parents

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, ~~—~~ *Years,* 5 Minutes ~~—~~ *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6. East St

Cause of Death, {First (Primary,) Second (Immediate,)} Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Nov 26th 1877

James A Steuart M.D.
~~Medical Attendant.~~

Undertaker, Jas P. Byrnes

Place of Business, Front St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation & Information by Wm Carroll Sanitary Inspector

OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24. 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Watson

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 29 *Years,* 1 *Months,* 8 *Days*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #101 Orleans St.

Cause of Death, {First (Primary,) Pthisis Pulmonalis / Second (Immediate,) Exhaustion}

Duration of Last Sickness, Nearly one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov. 26th 1897

Undertaker, Jos. L. Evans

Place of Business, 1921 Bolton

Geo. A. Hartman M.D.
Medical Attendant.

Address, 305 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Nov 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katey Froneck

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~116~~ 150 Chesapeak St City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 116 Carlett St

Cause of Death, First (Primary,) Inanation

Second (Immediate,) Scarlatena Convultion

Duration of Last Sickness, four day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 27 1877

{~~Undertaker~~, Mary Froneck

{Place of Business, 116 Carlett St

J Edwards *M.D.*
Medical Attendant.

Address, 28th & Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22082, OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mc Lean

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 3 *Months,* 8 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Marys Co. Md

Duration of Residence in the City of Baltimore, 79 years

Place of Death, {Give street and number.} 162 Dolphin S.

Cause of Death, First (Primary,) old age

Second (Immediate,) Suppurating Sores

Duration of Last Sickness, Six weeks in bed

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 26

Wm Carey Thomas M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Dan *Address* 911 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22083,

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 24th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion C Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md.

Duration of Residence in the City of Baltimore, 29 Ds

Place of Death, {Give street and number.} 279 Hoffman St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) [illegible]

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, November 26th 77

[illegible] M. D.

Medical Attendant.

Undertaker, C H Blizard

Place of Business, 204 Fulton Ave

Address 150 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 22084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Edgar Riley

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, nine *Years,* two *Months,* fifteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number.} 143 S Paca St Balt

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 27th 1877

Undertaker, John L Meacher

Place of Business, No 150 Camden St

W W Hammond M.D.
Medical Attendant.

Address, 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor.

Permit No. 22085.

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Leeburn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* — *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland — 11 Years in Balto

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 197 Ramsay

Cause of Death, {First (Primary,) Fatty Degeneration of Heart

Second (Immediate,) Debility

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 26th 1877

Undertaker, J B Groth

Place of Business, No 707 N Bal Brook st

C. F. Brown M. D.
Medical Attendant.

Address 241 Lindenave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased,
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 25/77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Rile

~~*Son, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ... *Years,* ..... 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 189 Dunham

Cause of Death, First (Primary,) .....
Second (Immediate,) Marasmus

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemtry

Date of Burial, Nov 26th 1877

Undertaker, F. C. Foehlich

Place of Business, 246 Eastern Ave

Bd. Marshall M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 42087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Donovan

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, ——— *Years,* one *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Bank St

Cause of Death, {First (Primary,) ; Second (Immediate,)} Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Nov 27 1877

Undertaker, Jas P. Byrne

Place of Business, Front St

James A Steuart M.D.

~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Investigation by E. Thompson Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 22088

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Augustus Louis Schleuse

Sex, Male or ~~Female,~~ { Cross out the words not required in this line. }

Age, Seven *Years,* four *Months,* *Days*

Color, White

~~Married,~~ Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, since birth to date

Place of Death, { Give street and number. } Convention Road

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,) Fever

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 28th 1877

Undertaker, Jno F Poulin

Place of Business, 66 Hanover St

J. L. Saunders M. D.
Medical Attendant.

Address. #584 B Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 22089.

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November - 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara. Ratto

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 - *Years,* 8 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, — Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany. (Bavaria) since 1852

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No — 12 Shakespeare

Cause of Death, First (Primary,) — Tuberculosis 5 Yrs

Second (Immediate,) — do asthma

Duration of Last Sickness, about 2 years —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28 November 1877

Undertaker, John P. Finch

Place of Business, 265 Aliceanna

H. A. Johnson M. D.
Medical Attendant.

Address 862 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22091

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *no* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A Hill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Arlington ave

Cause of Death, First (Primary,) Cystitis

Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 27. 1877.

Undertaker, George Saffran

Place of Business, 124 Bond Town. *Address*

C W Caskin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22091.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Steeler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* — *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 105 West St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Albuminuria

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, H. Spring's Cemetery

Date of Burial, November 27th

Undertaker, B. Hale

Place of Business, 411 Light Street

J. Schmidt M. D.
Medical Attendant.

Address 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Morning Nov 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Barry,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Cork. Ireland.

Duration of Residence in the City of Baltimore, 9 Years.

Place of Death, {Give street and number} 3 Monument St

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 26 1877

William Barton M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St Address 25 Gouvernet St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24093,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 25 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Theresa Carew

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kilkenny, Ireland

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 495 W. Fayette St

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 2 or 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, Nov 27th 1877

Undertaker, Hughes & Co

Place of Business, 580 Fayette St

F. P. Hollaus M. D.
Medical Attendant.

Address 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 220914,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Russell

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Port Deposit Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 425 N. Calhoun St

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, about 8 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 27 1877

Undertaker, Hughes & Co

Place of Business, W. Fayette St

James A Steuart M.D.

Medical Profession.

Address, Comm of Health

H Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause ~~and date~~ of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Sanitary Inspector

[OVER.]

22094

HEALTH DEPARTMENT
NOV
26
1877
BAL. IMORE

Nov 26
77

Dear Doctor,

I send you a
Prescription for Mary A.
Lupus for incipient Phthisis
Pulmonalis. I have used
prescription for her since

Respectfully Yours
John. L. A. Bozeman

To Dr. Jas. H. Stewart,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Ann Anderson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Col

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent Co Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} No 6 - Chestnut Ally

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,)

Duration of Last Sickness, Long Time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 27th 1877

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

W W Arthur M. D.
Medical Attendant.

Address, 192 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22096. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th at 3.30 P. M. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rebecca Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 59 N. Spring

Cause of Death, First (Primary,) Malignant Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Nov 26 1877

Undertaker, Fry & Bro

Place of Business, 54 W Broadway

James E. Deville M.D.
Medical Attendant.

Address 299 E. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Johnson

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 54 Moore's alley

Cause of Death, First (Primary,) Eclampsia

Second (Immediate,) Inanition

Duration of Last Sickness, all its life —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Nov 27 '77

James H Lewis M.D.

~~Health Attendant~~

Undertaker, A. Waghmans

Place of Business, 30 Saratoga st.

Address, Commrs of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor — Sanitary Inspector

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov^r 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank C Hittel

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Thirty Seven *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number.} 102 Frederick Av

Cause of Death, {First (Primary,) Typhoid Fever / Second (Immediate,)}

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonso's Burial Ground

Date of Burial, Nov^r 28th /77

Undertaker, John P Paulus

Place of Business,

J. G. Lemmon M.D.
Medical Attendant.

Address, ~~st~~ 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22099.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Nov. 26th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Sadler,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty five Years,

Place of Death, {Give street and number.} # 573 S. Gay St.

Cause of Death, First (Primary,) Typhoid Fever,

Second (Immediate,) Asthenia &c,

Duration of Last Sickness, Four Weeks,

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery Wilmer Brinton M. D.

Date of Burial, Nov 27th 1877 Medical Attendant

Undertaker, H. Thalheas.

Place of Business, No 261 E. Monument St. Address 257 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Behrens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* × *Months,* ✓ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Sex, Female
Married
Housekeeping
England
36 years
93 N Gay Street
Cancer
exhaustion
one year

General Private
I. A. Sawyer

Place of Burial, Loyd Street Synagogue Cemetery

Date of Burial, Nov 28

Undertaker, L. Hollander & Son

Place of Business, 22 N. Paca St. Address 88 N Eutaw Street

H. Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

in consequence of which she gradually emaciated, but did not think herself sick enough to require medical aid. About six months ago, I was called to see her, and found her looking badly, and she complained of loathing to food, and also of dyspeptic symptoms. After paying her a few visits she thought she was better, and I did not see her again until Nov 1/77, when upon the continuance of the symptoms I concluded that she was a victim of the cancerous cachexia. I could not locate it in any special organ. Dr Chris. Johnston agreed with me in the diagnosis and that death was inevitable.

The following additional information is requested in relation to the causes enumerated below.

ANEURISM—Mode of Death.

CER SPIN. MENINGITIS—Variety, whether epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death.

JAMES A. STEUART, M. D.
Commissioner of Health and Registrar.

#22100

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 22101.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob A. H. Steinwick Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 21 — *Years,* — 4 — *Months,* — 12 — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} — Married —

Occupation, Puddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 122 Chesapeake

Cause of Death, First (Primary,) Chronic Splenitis

Second (Immediate,) Leucocythemia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Nov. 27, 1877

Undertaker, M. A. Dwyer

Place of Business, 94 S. Broadway

Thos J. Evans M.D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26 & 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Lavinia Welch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* 6 *Days.*

Color, — Colored —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Gaeta city Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Burgundy Alley

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28 1877

Undertaker, Hercules Ross

Place of Business, 176 186 West St

J. H. Emmert M. D.
Medical Attendant.

Address 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Flamm

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 5. *Years,* *Months,* *Days*

Color, Whit

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 Dallas.

Cause of Death, First (Primary.) Simple Meningitis.

Second (Immediate,) ~~2 Hrs~~

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, Nov 28.

Undertaker, Jacob Miller

Place of Business, Harrison St. 29

Louis C. Hom M.D.
Medical Attendant.

Address, 226 Front St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthias Zang

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 1 *Months,* 27 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 78 N. Ann St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Convulsions

Duration of Last Sickness, one half day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 27th 1877

Undertaker, Aug. Kohler

Place of Business, Lombard St

James A Steuart M.D.

Address, Comm's of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Wenman — Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Boyd

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Prince Georges Co. Md.

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, {Give street and number.} 353 Lexington

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 27th

Undertaker, S. M. Leonard & son

Place of Business, 782. W. Baltimore

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED NOV 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward W Pyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 1 Rose St

Cause of Death, First (Primary,) .....

Second (Immediate,) Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, Nov 28th 1877

Undertaker, H. Koehler

Place of Business, 246 Eastern Ave

W. J. Yates M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22107.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Bevins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Monument at

Place of Death, {Give street and number.} 74 W. Lexington & Market Sts

Cause of Death, {First (Primary,) Fatty degeneration of Heart, with Second (Immediate,) Exhaustion & Shock

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cy

Date of Burial, Nov 29th 1877

G. W. Miltenberger M. D.
Medical Attendant.

Undertaker, Hunt & Mann

Place of Business, 38 Post Office

Address 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 Nov

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Oaks

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 61 *Years,* . *Months,* . . *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ab. 32 years

Place of Death, {Give street and number.} 124 N. Carol. st

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus

Duration of Last Sickness, ab. 6 months

All the above information should be furnished by the Physician

Place of Burial, Balt Cemetery

Date of Burial, Nov 29/77

Undertaker, Fryer Bro

Place of Business, Balt

C Hattmer M. D.

Medical Attendant.

Address 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 2 weeks ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 14 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 29, 1877

Undertaker, Daniel Bowers

Place of Business, 156 Division St.

Martin Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE

Date of Death, 27th November 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Ditchler,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Three *Months,* *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 7 Fountain St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Cynanche Trachealis (Croup.)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, W. Baulur Cemetery

Date of Burial, 29 Nov 1877

Undertaker, John C. Grace.

Place of Business, 265 Aliceanth

Nicholas L. Dutiell M. D.
Medical Attendant.

Address 207 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 22111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Lee

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 14 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, House Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent County Maryland

Duration of Residence in the City of Baltimore, two years & ten months

Place of Death, {Give street and number.} 89 South Sharp St

Cause of Death, First (Primary,) Pulmonary Phthisis acute

Second (Immediate,) Asphyxia

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, New Cath Cemetery

Date of Burial, Nov 27th 1877

Undertaker, F A Kreche

Place of Business,

Robert K Robinson M.D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kahl

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Nr 88 Orléquith St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 29th 1877

J H Grimes *M. D.*
Medical Attendant.

Undertaker, Le-Roncey

Place of Business, E Fayette *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP. NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto-

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 84 E. Madison

Cause of Death, {First (Primary,) Acute Hydrocephalus

Second (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. Geo. B. Reynolds M. D.

Medical Attendant.

Date of Burial, Nov 28 1877

Undertaker, John J. Kenney Sr. *Address* 43 N. Calvert

Place of Business, N. E. cor. Greenmount Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm D Thompson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 40 *Years,* 1 *Months,* 10 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Iron

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 80 N Charles St

Cause of Death, {First (Primary,) Chronic Hepatitis & Second (Immediate,) Exhaustion

Duration of Last Sickness, Many months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 28th Nov 1877

Undertaker, Wm Deakins Jun

Place of Business, 16 Light St

Chas O Thomas M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22115.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Murphy

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bookkeeper

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balt City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 150 Fremont St

Cause of Death, { First (Primary,) Shot by a Pistol accidentally

Second (Immediate,) .....

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 29th 1877

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Ave

Geo C Cyle Comm M.D.
Medical Attendant.

Address, 229 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton E Ross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 577 Pine

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 577 Pine "

Cause of Death, {First (Primary,) Inflam of Lungs

Second (Immediate,)

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 28th 1877

Undertaker, Jacob Weaver

Place of Business, Nos 486 Druid Hill Ave *Address*

C. C. Cox M.D.
Medical Attendant.

Corner Pine & Lombard Sts City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J B Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 56 yrs

Place of Death, {Give street and number.} 32 Courtland

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthma

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28th 1877

Undertaker, H McKinney

Place of Business, 1562 East St

F E Clatard M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George W. Benston

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 39 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 113 S Hanover St

Cause of Death, { First (Primary,) Epilepsy
Second (Immediate,) Pyaemia — L. Hydrocephalus

Duration of Last Sickness, Epilepsy all his life 25 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 28th 1877

Undertaker, Chas T Scriven

Place of Business, 271 W Baltimore St

D M Crimm *M. D.*
Medical Attendant.

Address 185 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22119.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1. 10 oclock A M Tuesday Nov 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Adline Lawrance

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 18 *Years,* 11 *Months,* ____ *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Boston St City

Duration of Residence in the City of Baltimore, Seventeen

Place of Death, {Give street and number.} 5 Bennett St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Nov 29/77

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

J Erichsen M.D.
Medical Attendant.

Address. 28 O. Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 27. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca M. D. Burgess

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 41 *Years,* 8 *Months,* 5 *Days.*

Color, White

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~xxx x. xxx~~ Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 294 N. Eden St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, Nov. 29th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Jno. F. Powell M. D.
Medical Attendant.

Address 224 Caroleton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22121.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Rowland

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* 11 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 Stockton Street

Cause of Death, {First (Primary,) Final Nutrition

Second (Immediate,) Atrophy

Duration of Last Sickness, ten days.

All the above information should be furnished by the Physician.

Place of Burial, W. Pubblic Cem

Date of Burial, Nov 28 1877

Undertaker, H. A. Kershner

Place of Business, Corner Lex

James A Steuart M.D.

Address, Comm's of Health

Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and dates of death, except in cases of births and deaths of illegitimate children.

Investigation by Wm Carroll Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Cook

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 5 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Franklin st. extended [illegible]

Cause of Death, {First (Primary,) ; Second (Immediate,)} Diphtheria

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 29

Undertaker, J B Cook

Place of Business, 70 [illegible] Baltimore

W. Patterson M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverta Mitchell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 years 4 & 6 months

Place of Death, {Give street and number.} 67 Duncans Alley

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas st Cemetery

Date of Burial, Nov 28 1877

Undertaker, Theodore J Sachs

Place of Business, No 56 Jefferson st

Jm. Le Kemp M.D.
Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Freddie Synott.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* 5 *Months,* 16 *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ____

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, ~~No 4 Eden St Court~~

Place of Death, { Give street and number. } No 4 Eden St. Court.

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,) ____

Duration of Last Sickness, one hour.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County J. A. Dawes M. D.

Date of Burial, Nov 28 1877 Medical Attendant.

Undertaker, Shacklett & Deaks

Place of Business, 136 Jefferson *Address* 106 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 BALTIMORE

Date of Death, Nov 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Leinbacher

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 17½ Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 366 East Eager Street

Cause of Death, First (Primary,)

Second (Immediate) Premature birth 7th month Maternal Cause

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 28 1877

Undertaker, Henry Houck

Place of Business, 369 Central Ave

S W Selbert M. D.
Medical Attendant.

Address, S E Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

Date of Death, November 27. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Buchalter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth),} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 307 N. Central Ave.

Cause of Death, {First (Primary,) Scarlatina. Second (Immediate,)}

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cem'ty

Date of Burial, Nov. 29 1877

George H. Keidel M.D. Medical Attendant.

{*Undertaker,* Henry Flook / *Place of Business,* 309 Central Ave} *Address* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 22127

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE.

Date of Death, November 27th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Lee

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* Eleven *Months,* ..... *Days* two

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, During Life.

Place of Death, {Give street and number.} 20 Green Willow St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) do

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 29 1877

Undertaker, W. Holmes

Place of Business, 117 S. Howard St

Hermann & Fox M.D.
Medical Attendant.

Address, 154. Penn Avenue
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1877 BALTIMORE

Date of Death, November 26 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Grey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 Elder Lane

Cause of Death, First (Primary,) Second (Immediate,) Tuberculosis Pulmonum

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28 1877

Undertaker, J S Wallace

Place of Business, No 178 Eastern Ave

W. H. Clute M. D.
Medical Attendant.

Address Harp's Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1877 BALTIMORE

Date of Death, Nov 27, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Ella Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, White life

Place of Death, {Give street and number.} 54 Bruce St.

Cause of Death, First (Primary,) Inanition

Second (Immediate,) ____

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Camden

Date of Burial, Nov 29 1877

Undertaker, S. H. Chase

Place of Business, 69 & 198 Howard St

James Bailey M. D.

Medical Attendant.

Address Cor Collins & Mount St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1877 BALTIMORE

Date of Death, Nov 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W A Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick County Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 8 East Baltimore

Cause of Death, {First (Primary,) Tubercles Pulmonary Hemorrhage

Second (Immediate,) About 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cr

Date of Burial, Nov 29 — 1877

Undertaker, J B Blackistone & Son

Place of Business, 606 Bolt St

P. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Feeney

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Express Driver

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} W Pratt St 694

Cause of Death, {First (Primary.) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Dec 3d 1877

Undertaker, J B Lock

Place of Business, 1227 Baltimore Street

Chas O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 22132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Beyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 5 *Months,* ..... *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 147 Forrest St

Cause of Death, {First (Primary,) Obstruction of Bile ducts

Second (Immediate,) One month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Commdary

Date of Burial, Nov 29th 77

{*Undertaker,* Wm H Bartlett

Place of Business, 62 ½ W Balt St} *Address* .....

L L Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1877 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 29th November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Taylor

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 89 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and number.} 263 Hillen st

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) .....

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cem

Date of Burial, Nov. 30 1877

Undertaker, Charles F Herold

Place of Business, 161 Hanover

J H McCahan *M. D.*

Medical Attendant.

Address, 51 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 22134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD. NOV 29 1897

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Bur[illegible] Laurel Cemetery

Date of Burial, November 29

..... *M. D.*
Medical Attendant.

{ *Undertaker,* Theodore J. Locke
{ *Place of Business,* 56 Jefferson St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE NOV 29 1877

CERTIFICATE OF DEATH.

Date of Death, November 29th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertraude Spicer

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 214 Mulberry St.

Cause of Death, First (Primary,) ~~Chronic Croup~~. Diphtheria

Second (Immediate,) Blood poisoning

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Dallo. Com

Date of Burial, Nov. 30th 1877

Undertaker, Peter Kummert

Place of Business, 217 Mulberry St

Louis G. Horn M.D.

Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 22186.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Coldclazer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 80 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Georgetown D.C.

Duration of Residence in the City of Baltimore, Eleven (11) days

Place of Death, {Give street and number.} 389 Canton av.

Cause of Death, First (Primary,) Cerebral Hemorrhage

Second (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Nov 30/77

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

G. L. Watkins M.D.
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 30 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine H. Potee

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~ *Years,* 10 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Sister Catharine

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 385 Hamburg St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Friday 30

Undertaker, J. J. Cook

Place of Business, 707 West Baltimore St.

R. C. Lee M.D.
Medical Attendant.

Address, N. W. cor Hanover & Balto Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Ellen Shango

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pittsburg Pa.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 61 Division st.

Cause of Death, First (Primary,) Valvular Disease of Heart

Second (Immediate,) Pulmonary Congestion

Duration of Last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, November 30th

Undertaker, H Blizzard

Place of Business, 201 Penna Ave

Jno Dixon M. D.
Medical Attendant.

Address 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weis

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Twenty Six *Years,* Three *Months,* Eight *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 518 Pennsylvania Avenue Baltimore

Cause of Death, {First (Primary,) Gastritis & Cerebritis. Second (Immediate,) Cardities

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, ~~Nov~~ Dec 2nd 1877

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave

Human [illegible] *M.D.*
Medical Attendant.

Address, 154 Pennsylvania Ave Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia A. Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 68 *Years,* 8 *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Corner of Aisquith & Gay Sts.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Ten Years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 1st 1877

Undertaker, Wood

Place of Business, 1101 N Gay St

John L. L. Byer M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Fowler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1. *Years,* 3. *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 226. Montgomery st

Cause of Death, {First (Primary,) Congestion of the Lungs; Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balte Cemetery

Date of Burial, Dec 2d 1877

Undertaker, Armstrong & Penn

Place of Business, 263 Eutaw St

Theodore Bota M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22142

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

Date of Death, November 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Junk Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bath, Me.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 195 E. Caroline St.

Cause of Death, {First (Primary,) Typhoid Fever / Second (Immediate,)}

Duration of Last Sickness, 2 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec. 12th

Undertaker, H. Funk

Place of Business, 20, 25 Bond

Emil E. Donnelle M.D.
Medical Attendant.

Address 1996 E. Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 28. 2 a m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W.m F. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mechanical Draughtsman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford. Perquemans Co. N.C

Duration of Residence in the City of Baltimore, Twelf Years.

Place of Death, {Give street and number.} 203 Lexington St

Cause of Death, First (Primary,) Inflamation of the Liver

Second (Immediate,) Abcess.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Nov 30th 1877

John I. Tilton M. D.
Medical Attendant.

Undertaker, John S Thacher

Place of Business, No 150 Camden Address 81 Nord Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Emilie Seeger

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 136 S. Wolfe St.

Cause of Death, {First (Primary,) Tussis convulsiva} {Second (Immediate,) Pneumonia} Whooping Cough Mother

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemet

Date of Burial, Nov 30th 1877.

{*Undertaker,* L. Ritz.
Place of Business, No. 29½ S. Broadway}

J. Matthews M.D.
Medical Attendant.

Address, 245 S. Wolfe St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE MD.

Date of Death, Nov 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Bussey Mortimer

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 138 (2) Barnet -

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)}

Duration of Last Sickness, About 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Met Episc Cem

Date of Burial, Dec 2nd

Undertaker, F. Nevett

Place of Business, [illegible]

J. Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22146,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida I. & A. S. Simmonds

Sex, Male or Female, {Cross out the word not required in this line.} Male (Parents)

Age, ——— *Years,* ——— *Months,* Three (3) *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 114 Lexington St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Encephilatoma Enlargement of Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Mathews C.H. Va.

Date of Burial, Nov 30th 1877

Undertaker, Stewart & Mowen

Place of Business, 33 Park ave

Jno. Blake M.D.

Thos Otrie M. D.

Medical Attendant.

Park & Lexington Sts

Address 349 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit 936

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th November 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Foster,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 271 Durham St.

Cause of Death, First (Primary,) ....

Second (Immediate,) Hypranchoid Tracheal Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 30 th.

Nicholas L. Dorsey M.D.
Medical Attendant.

Undertaker, Wendelin Dippel

Place of Business, South Bond st 151

Address 207 S. Bond st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

Date of Death, Nov. 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Adams,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Housewife.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Liverpool, Eng.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 115 Fairmount Ave.

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate.) Cerebral Hemorrhage

Duration of Last Sickness, Thirty minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetry

Date of Burial, Dec. 1

{*Undertaker,* W. Diffel / *Place of Business,* S. Bond at 151

G. Glanville Rust M.D.
Medical Attendant.

Address Belt o Head. ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 30 1877 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Elwood

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 56 Bank St

Cause of Death, {First (Primary,) .....
Second (Immediate,) Spasms
Due way

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 1

Undertaker, W. Dippel

Place of Business, S. Bond st 151

Wm. J. Gatch M. D.
Medical Attendant.

Address 2411 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 30 1877 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Wednesday Nov 28th. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Jones,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* ——— *Months,* ——— *Days.*

Color, (Colored,) *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} No. 145. Pierce st. Balto. Md.

Cause of Death, First (Primary,) Phthysis Pulmonalis & Chron Bachitis

Second (Immediate,) Perforation by ulceration of Bachea

Duration of Last Sickness, 13 or 14 Mos.

All the above information should be furnished by the Physician.

Place of Burial, New Shurch St cemetery

Date of Burial, Nov 30th 1877

Jas. S. Fulks. M. D.
Medical Attendant.

Undertaker, Wm H Bishop

Place of Business, 77 Druid Hill Ave

Address No. 203 Saratoga st. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Night Nov 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Battis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Wash Woman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, Several Years.

Place of Death, {Give street and number.} E. Salisbury Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 30th 1877

Undertaker, C. Sheiper

Place of Business, Pratt St

Wilson Burke M. D.
Medical Attendant.

Address 25½ Lemmon [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Henry Owens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty [redacted] *Years,* Six *Months,* Twelve *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lumber Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 179 E. Baltimore St.

Cause of Death, First (Primary,) ..... Second (Immediate,) Consumption

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 2nd December

Undertaker, John S. Weaver

Place of Business, ~~#~~ 22 W. Fayette ~~St~~"

J. Clark Gue M. D.
Medical Attendant.

Address 57 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvester Wright

Sex, Male or Female, {Cross out the words not required in this line.} M.

Age, 60 *Years,* — *Months,* *Days*

Color, W.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, 48 yrs.

Place of Death, {Give street and number.} 454 E. Eager

Cause of Death, {First (Primary,) Chr. Bronchitis / Second (Immediate,) General Debility

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, December 2nd 1877

Undertaker, Fry Bro's

Place of Business, Broadway

H. J. Knight M.D.
Medical Attendant.

Address, 56 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Margaret Kitzinger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} with Mrs Earhart on Franklin St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Two Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Dec. 1st 1877

J. H. Grimes M. D.
Medical Attendant.

Undertaker, Peter Kummert.

Place of Business, 317 Mulberry St. Address (or Maryland Ave)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22185,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

Date of Death, Nov 30th '77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Reding

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 24 years in U S

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 17 N Wolfe

Cause of Death, {First (Primary,) Accidental fall down steps

Second (Immediate,) ~~Unknown~~ { with internal injury on nervous shock, old & feeble

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, December 1st '77

Undertaker, Henry Bein

Place of Business, 152 Aisquith St

Edmund Walker M. D.
Medical Attendant.

Address Corner M. P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42156

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley F Haynes

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 35 *Years,* ~~——~~ *Months,* ~~——~~ *Days*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent Co. Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 154 Dover St.

Cause of Death, {First (Primary.) Tuberculosis

Second (Immediate.)

ration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

e of Burial, Mount Olivet

of Burial, Dec 2d

Undertaker, Jas F. Loane

Place of Business, 528 W Balto

Thomas Opie M.D.
Medical Attendant.

Address, 396 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22157.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Anna Hessler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, white

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, midwife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Krumbach, Bavary, Germany

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and number.} S. Arnistreet 165.

Cause of Death, {First (Primary,) / Second (Immediate,)} Marasmus senilis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 2nd 77

Undertaker, H Franz

Place of Business, 280 Canton Ave

Dr. William Henkel M.D.
Medical Attendant

Address S. Wolfe St. 117,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Permit No. 22158,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 ~~or~~ 60 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Found floating at foot of South St

Cause of Death, {First (Primary,) Unknown / Second (Immediate,) Accidental Drowning (Jury Verdict)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, } E Pub Cemetery

Date of Burial, Dec 1st

Undertaker, Charles H Draper

Place of Business, Pratt & Chester Sts

E D Reinecke M.D.
Medical Attendant.

Address Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22159.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Nov 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Miss Jennie Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth} Md.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 417 E Lombard St.

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) asthenia

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 2d 1877

Undertaker, Fry & Pro

Place of Business, 414 Broadway

D. F. Leonard *M. D.*
Medical Attendant.

Address 26 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melinda Alverda Everett.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* Six *Months,* Nine *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 161 Madeira Alley

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Hyperpyrexia

Duration of Last Sickness, Nineteen (19) hours

All the above information should be furnished by the Physician.

Place of Burial, First Methodist Cem. Phila. Rd. John S. Lynch M. D.

Medical Attendant.

Date of Burial, Dec. 2

Undertaker, W. Tippel

Place of Business, S. Bond st. 151

Address S.E. Broadway & Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22161

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 November 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* Redacted 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 1 week

Place of Death, {Give street and number.} St. V. I. asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 time marasmus when received

All the above information should be furnished by the Physician.

Place of Burial Cathedral Cemetery

Date of Burial, Dec 1. 1877

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Marbury Brewer, M.D.
Medical Attendant.

Address, 201 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

Date of Death, Nov 28th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 46 Parish Al

Cause of Death, {First (Primary,) ; Second (Immediate,) Diphtheria

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Dec 1st 1877

Undertaker, S. W. Chase

Place of Business, 178 & 180 Howard St

D. G. Keller M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Herbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 375 West St.

Cause of Death, {First (Primary,) Carcinoma of the Stomach
Second (Immediate,)}

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec. 2, 1877

Undertaker, S. W. Chase

Place of Business, 148 S. Howard St

R. Mc. Hall M. D.
Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Cornelius Hopkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Male

HEALTH DEPARTMENT DEC 1877 BALTIMORE

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Carlton St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Hemorrhage

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery C W Caaden M. D.

Date of Burial, Dec 1st 1877 Medical Attendant.

Undertaker, J. H. Chase

Place of Business, 198 S. Howard St *Address* 130 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Nov 29th~~ Nov 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena J. Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Three (3) *Months,* Four (4) *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 205 Hughes St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2nd 1877

Jno. J. Black M. D.
Medical Attendant.

{*Undertaker,*

{*Place of Business,* Lee Stnear Howard St *Address* 440 Cath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Jan. 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Lobe

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 62 *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Holland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 74 E. Baltimore

Cause of Death, {First (Primary,) Cancer of face. / Second (Immediate,)}

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Feby 2 1877

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Rev. Abram B. Arnold. M. D.
Medical Attendant.

Address

HEALTH DEPARTMENT DEC 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 1st 1877 1.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Fiegler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 94 S. Exeter St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Dec 3d 1877

Undertaker, James P Byrne

Place of Business, No 63 N Front St

A Siegfried Hertzler M. D.
Medical Attendant.

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

Date of Death, November 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Ridley

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 96 N. Durham St

Cause of Death, {First (Primary.)} {Second (Immediate,)} Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St ground

Date of Burial, Dec 1 1877

Undertaker, Charles A White

Place of Business, No 35 ground

J. Gilpin M. D.
Medical Attendant.

Address 187 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdy Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Year,* Five *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Necessity Alley no 7

Cause of Death, {First (Primary.)} Pneumonia {Second (Immediate,)} Convulsion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1 1877

E. G. Baldwin M. D.
Medical Attendant.

Undertaker, Char & White

Place of Business, No 35 Greenby st

Address 124 n. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~November~~ December 1. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. Pfeamm

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 102 E. Lemmon St

Cause of Death, {First (Primary,) ; Second (Immediate,) Phthisis

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 2nd 1877

Undertaker, H R Cook

Place of Business, 1017 W. Baltimore Street

Thos Dirks M. D.
Medical Attendant.

Address 146 E. Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Paul Smiley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 295 E. Lombard St

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,)

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, Dec 2nd 1877

Undertaker, F. C. Rodemeyer

Place of Business, 38 Eutaw St

Jamie E. Emmitt M. D.
Medical Attendant.

Address 299 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

Age, 42 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} " 36 Booth Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Decem 2d

Undertaker, Wm. A. Duncan

Place of Business, 62 East St

J. Shelton Hill M. D.
Medical Attendant.

1132 W Fayette St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore.

Permit No. 22173

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

Date of Death, December 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie McDonald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 4 S. Carey St

Cause of Death, First (Primary,) ____

Second (Immediate,) Inanition

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 2nd 1877

Undertaker, Family

Place of Business,

W. R. McShane M. D.

Medical Attendant.

Address 582 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mahala F Kimball

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 3 *Months,* 16 *Days.*

HEALTH DEPARTMENT DEC 1 1877 BALTIMORE

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Fredricksburg, Va.

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 280 N Front St.

Cause of Death, First (Primary,) Cerebral Softening

Second (Immediate,)

Duration of Last Sickness, Indefinate Probably several months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 4th 77

Undertaker, John J Rodriguez

Place of Business, Cor Fairmount & Dunmore Sts

D Webster Luthrell M. D.
Medical Attendant.

Address 2 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1877 BALTIMORE

Date of Death, Dec. 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Father Jno. H. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ *Months,* 1 hour *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 30 Dewbury Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Dewbury Alley

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) (Probably 5 Month)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2nd 1877

Undertaker, by Family

Place of Business,

Rentd. Shotte M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22176

HEALTH DEPARTMENT DEC 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Gorden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 4 *Months,* *Days.*

Color, White White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Mayo Ireland

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, {Give street and number.} Room for the aged Sisters of Visitation

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, City Cross Cemetery

Date of Burial, December the first

Undertaker, Henry J. Phillbeis

Place of Business, No 216 East Monument St

Jno. Burke Doyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22177

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
DEC
1877
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~22~~ Dec 1 " 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reilly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Cuben (Irland)

Duration of Residence in the City of Baltimore, over Twenty years

Place of Death, {Give street and number.} Home for the aged corner of John and Lily Sts

Cause of Death, First (Primary,) .....
Second (Immediate,) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Dec 2nd

Undertaker, Chas Schultheis

Place of Business, 1521 East Monument St

Jno. Boyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1/77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Crane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, no

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 164 Cathedral

Cause of Death, First (Primary,)

Second (Immediate,) Epilepsy

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Dec 3rd 1877

Undertaker, Jos F Byrne

Place of Business, 512 N Liberty

J H Nattan M. D.
Medical Attendant.

Address 28 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22179

HEALTH DEPARTMENT 950 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mc. Manus

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 21 *Years,* — *Months,* — *Days*

Color, col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 198 Sharp St.

Cause of Death, First (Primary,) Gathering and Head

Second (Immediate,) Exanition " " " "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Dec 2nd 1877.

Undertaker, James Davis

Place of Business, Lee Street

James A Steuart M. D.
Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d December 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John O Hataway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Union Orphan Asylum

Cause of Death, First (Primary,) Cerebritis,

Second (Immediate,) Convulsions,

Duration of Last Sickness, 24 hours,

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cem Philadelphia Road

Date of Burial, Dec 3d

Undertaker, H. W. Jenkinson

Place of Business, 16 Light St

Address 530 W. Lafayette Av

T. E. T. Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December the 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Trueman Pratt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 102 *Years,* 10 *Months,* 8 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} West River Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 120 1/2 Elder Alley

Cause of Death, First (Primary,) old age

Second (Immediate,) Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bapt 1st Cemetery

Date of Burial, Dec. 4 1877

Undertaker, John E. Foster

Place of Business, 53 Bath Ave

S. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 244 W. Biddle St.

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Intestinal hemorrage

Duration of Last Sickness, about 14 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, December 4th 1877

Claude Van Bibber M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 496 Druid Hill Ave *Address* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 22183.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~James P. Earlougher~~ Dec. 2. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. Earlougher.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty three *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number.} 48. North Eden Al

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of brain 20 minutes.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 4th 1877

Undertaker, Hy H. Mears

Place of Business, 45 N. Gay St

D. C. Ireland M. D.
Medical Attendant.

Address Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 3 1877 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 1st Dec 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora A Grimm

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 29 *Days.*

Color, White ~~*Sex,*~~

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 32 N Poppleton St.

Cause of Death, {First (Primary,) Diptheria
Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 3rd 1877

Undertaker, J. F. Loane

Place of Business, 578 W Balto St *Address* 274 Madison Ave

D. N. Owings *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George & Jane Booth (twins)

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.} male

Age, ~~Years,~~ ~~Months,~~ few minutes ~~Days~~

Color, White

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} N. E. Corner Hillen & Front St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Corner Front & Hillen St Baltimore

Cause of Death, First (Primary,) Prematur Labor

Secoud (Immediate.) Asphyxia Neonatorum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 3d 1877

Undertaker, James P Byrne

Place of Business, No 63 N Green St

Saml J Bolt *M. D.*
Medical Attendant.

Address, 1337 East St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC
3
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Cor Hanover & Choptank

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheria

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery Dr Benzine M. D.

Medical Attendant.

Date of Burial, Dec. 8th 1877

Undertaker, C. Eckhard Address Cor Bridge & Pratt

Place of Business, 269 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

Date of Death, December 2nd 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Ficer

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 214 Mulberry St.

Cause of Death, First (Primary,) Diftheria

Second (Immediate,) Syncope

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 4th 1877

Undertaker, P. Kummer

Place of Business, 317 Mulberry St

Louis L. Ham M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2188 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Rollins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City 38 Hamburgh St

Duration of Residence in the City of Baltimore, 3 yrs 6 months

Place of Death, {Give street and number.} No 18 Cider alley

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3. 1877

Undertaker, [illegible] W. Cohen

Place of Business, [illegible] Howard [illegible] *Address* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

Date of Death, Dec. 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Solomon

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1. *Years,* 10. *Months,* 21. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 384 N. Stricker

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 3rd 1877

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

G. W. Harris M. D.
Medical Attendant.

Address Cor Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22190.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucas Swift

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nantucket Mass

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 144 Ralphin St

Cause of Death, First (Primary,) Valvular Disease of Heart

Second (Immediate,) failure heart action

Duration of Last Sickness, Several years.

B

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Dec 4, 1877

Undertaker, M. A. Daigle

Place of Business, 74 S Broadway

Dr Harvey Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Residence not Contagious

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 9 38

[OVER.

Board of Health, City of Baltimore,

Permit No. 22191. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie M. Breslin,

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 11 *Months,* — *Days*

Color, Wh,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 58 Henrietta St.

Cause of Death, {First (Primary,) / Second (Immediate,) Erysipelas

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 4 1877

Undertaker, Chas. F. Hines

Place of Business, 161 Hanover St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152, S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

Date of Death, Dec. 1st 4 A.M. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Stanley Carroll

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Can Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 20 Hanover Street

Cause of Death, {First (Primary,) Accident by being run over by Steam Car
{Second (Immediate,) Tetanus

Duration of Last Sickness, Two weeks & two days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 4th 1877

{*Undertaker,* Wm Fry
{*Place of Business,* Fayette & Brown

James E. Donnell M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

Date of Death, Dec 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Maria Jones

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, col

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East 11 No 87

Cause of Death, First (Primary,) Hereditary predisposition

Second (Immediate,) Phthisis Consumption

Duration of Last Sickness, 3 Months in bed

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3d 1877

Undertaker, Wm H. Dungan

Place of Business, No 62 East St

E. K. Baldwin M. D.
Medical Attendant.

Address 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December second 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Nellie Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty seven *Years,* Eight *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Isle of Wight England Four Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Perkins st

Cause of Death, First (Primary,) Pleuritis Pneumonia

Second (Immediate,) Pneumonia

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, December 4

Undertaker, E Black

Place of Business, 107 W St Baltimore

J Henderson Mitchell M. D.
Medical Attendant.

Address 37 Dutch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE.

Date of Death, Dec 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, Cold *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Md.

Duration of Residence in the City of Baltimore, 5 Years.

Place of Death, {Give street and number.} 13 Lexington St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Md

Date of Burial, Dec 4 1877

Undertaker, Hart & White *Address*

Place of Business, 35 Gronby

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

Date of Death, Monday Dec 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. T. & Emily Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

~~*Age,*~~ ~~*Years,*~~ *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 Sh Mary's Sh —

Cause of Death, First (Primary,)

Second (Immediate,) = Teeth fully developed =

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 4th 1877

Undertaker, Wm Samuel Gray

Place of Business, 65 Mulberry St

Joseph T. Perkins M. D.
Medical Attendant.

Address 172 Franklin St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

but Mr. Slaughter had already sunk. Search was made for the body, and after half an hour it was recovered.' Dr. R. C. Lee, coroner, was notified and held an inquest, the jury rendering a verdict of accidental death from drowning. The remains were taken in charge by his friends on the steamer and conveyed to his late residence. Mr. Slaughter was fifty years old, and leaves a wife and family in Talbot county.

Board of Healt[illegible]ore,

VITAL STATISTICS.

Permit No. 22197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas T. Slaughter

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, a Caus 50 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co Md

Duration of ~~Residence~~ in the City of Baltimore, 1 day

Place of Death, {Give street and number.} Basin, foot of Barrett

Cause of Death, First (Primary,) Accident

Second (Immediate,) Drowned

Duration of Last Sickness, Instant

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, —

Undertaker, —

Place of Business, —

R. C. Lee M.D.

~~Medical Attendant~~ Coroner

Address, Harrison & Basin Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22198 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Gardner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 27 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of Foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 157 Sterling St

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, 12. days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 4th 1877

Undertaker, Fred Gardner

Place of Business, 157 Sterling St

E. Hall Pattison M. D.
Medical Attendant.

Address 57 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22199

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Shipley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, 3. 3 mos.

Place of Death, {Give street and number.} 11 Parish St.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec 4th 1877

Undertaker, John Stanton

Place of Business, No 150

J. G. Hollingshead M. D.
Medical Attendant.

Address Centre & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 4 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Poston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} East Biddle St

Duration of Residence in the City of Baltimore, 3 yrs 2 mo

Place of Death, {Give street and number.} 11 Millmadun St

Cause of Death, First (Primary,) Bronchites

Second (Immediate,) Bronchectasis

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 10th 1877

Undertaker, R. Gray & Bro

Place of Business, Cor Fayette & Bro

E. Goldsmith M. D.
Medical Attendant.

Address 179 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Ehren

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Fifty eight *Years,* six *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} # 831 W Baltimore Street

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)

Duration of Last Sickness, I cannot say, I attended him about two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 5th 1877

Undertaker, J. R. Cook

Place of Business, 707 W Balto St.

J. G. Smithson M.D.
Medical Attendant.

Address, # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes uuder his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December Second 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peggie Jean

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, about 70 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Carroll Co Md

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number.} No 18 Rose St

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) & Paralysis

Duration of Last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Christ Church

Date of Burial, December the 4

Undertaker, John L Carton

Place of Business, No 61 Park Av

W W Hammond M.D.

Medical Attendant.

Address, 53 N Paca St

Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22203 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Nicklas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Fifty three (53) *Years,* Nine (9) *Months,* Six (6) *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 40. Years

Place of Death, {Give street and number.} 19 S Eutaw St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Anasarca

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Dezember 5th 1877

Jno. T. Blake M. D.
Medical Attendant.

Undertaker, Philipp. F. Dill

Place of Business, 183 Columbia Av. *Address* 19 So. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3 & 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reich

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Black-smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 35 Years or about

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 Richmond Stat.

Cause of Death, {First (Primary,) Cirkosis of Liver — Second (Immediate,) Genral Anasarca - Hydrothorax,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 5th

Undertaker, F. N. Toell

Place of Business, No 131 Hanover St

Dr. H. Dodge M. D.
Medical Attendant.

Address 201 Hanover Street
Baltimore Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L Thorn

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Jasper St.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2 1877

Undertaker, S. W. Chase

Place of Business, Howard St

James A Steuart M.D.

~~Medical Attendant~~

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Wm Carroll Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Moore Robinson

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, *Years,* 13 *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 241 N Howard

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudin Oak Cem. Richd Anthony M. D.

Medical Attendant.

Date of Burial, Dec 4 - 1877

Undertaker, John I Rodenmayer *Address* 189 N Howard St

Place of Business, Greenmount [redacted]

I Immunt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Gilliard

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, About 20 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 82 L. McElderry

Cause of Death, {First (Primary,) / Second (Immediate,)} Apparently Phthisis She was

Duration of Last Sickness, moribund when I saw her late last

All the above information should be furnished by the Physician. Evening Was confined 10 days ago at time.

Place of Burial, Laurel Cem

Date of Burial, Dec 6 1877

Undertaker, The J Sacks

Place of Business, 56 Jeffers

M. D.

Medical Attendant.

Address, Wm Whitridge

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Sorgns

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 292 Penn ave

Cause of Death, {First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 5th 1877.

Geo C Gyle Coroner M.D.
Medical Attendant.

Undertaker, John S. Weaver

Place of Business, # 22 W Fayette St

Address, 229 Cary st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Rebecca Ratcliffe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Cor Washington Ave & Eager Streets

Cause of Death, First (Primary,) —

Second (Immediate,) Marasmus

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 4th 77

Undertaker, Adam Finck

Place of Business, 461 N Gay

J. Edwd. Whiteford M. D.
Medical Attendant.

Address 740 E. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa E. Cheney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 116 Marsh Pl.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 4th. 1877.

Undertaker, Wm. H. Hickman

Place of Business, 234 S. Gay St.

W. W. White, M. D.
Medical Attendant.

Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3 d. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gable

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 65 *Years,* 3 *Months,* 1 *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Lingenfeld Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 268 E. Pratt

Cause of Death, {First (Primary,) / Second (Immediate,)} Senile Decay

Duration of Last Sickness, One (1) Month

All the above information should be furnished by the Physician.

Place of Burial, 5th Germ Reford St Paul Cem'y

Date of Burial, Dec 5th

Undertaker, H. Stochlein

Place of Business, 246 Eastern Av

J. L. Wilkins M.D.
Medical Attendant.

Address, 119 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Hall.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty five *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} E Gouge St.

Cause of Death, {First (Primary,) Second (Immediate,)} Heart disease.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 4th 1877

Undertaker, C. Steeples

Place of Business, Pratt St

D. C. Inland M. D.
Medical Attendant.

Address Front E. above

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Conley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Spruce Alley

Cause of Death, First (Primary,) Rheumatism Chronic Diarrhoea

Second (Immediate,) Cerebritis

Duration of Last Sickness, 10 Days Diarrhoea 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 5

Wm. A. Nice M. D.
Medical Attendant.

Undertaker, Wendelin Dippel

Place of Business, South Bond st 151 *Address* 511 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 RECEIVED

CERTIFICATE OF DEATH.

Date of Death, ~~Aug.~~ Dec 3 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Thomas Hughes

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male.

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cookin St. Locust Point. Md

Duration of Residence in the City of Baltimore, 3 mnth.

Place of Death, {Give street and number.} 26 Cookin St Locust Point.

Cause of Death, {First (Primary,) Born Delicate Heart. Dur. / Second (Immediate,) General Emeriac.

Duration of Last Sickness, Life time.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 4th 1877

Undertaker, Smith & Denny

Place of Business, 263 Light

E. H. Tommey M. D.
Medical Attendant.

Address Canton Balto Co Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22215,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sherwood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 190 Pennsylvania Ave

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 5th

Undertaker, C H Hollyfield

Place of Business, Pennsylvania Ave & Lafayette St

G H Adams *M. D.*
Medical Attendant.

Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22216,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hyman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 545 Harford avenue

Cause of Death, {First (Primary,) .....
Second (Immediate,) Heart Disease

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem Geo R Reynolds M. D.

Date of Burial, Dec 5th 1877 Medical Attendant.

Undertaker, H Hoch

Place of Business, 39 Lombard *Address* 43 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Froid

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 8 St. Wolf St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Adenitis

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec 5th 1877

Undertaker, H. Kohler

Place of Business, 244 E. Lombard St.

G. Glanville Leech M.D.
Medical Attendant.

Address Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 222181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Kemp

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Seventy five *Years,* Ten *Months,* Three & four *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll County Md.

Duration of Residence in the City of Baltimore, Sixty one years.

Place of Death, {Give street and number.} 377. Saratoga St. Baltimore

Cause of Death, First (Primary,) Pneumonia Typhoides.

Second (Immediate,) do

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 6th 1877

Undertaker, Wm. Th. Loane

Place of Business, 328 W. Balto St

Medical Attendant. M. D.

Address, 154

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22219

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hirdfield Minnie

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 10 *Years,* 10 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States if of foreign birth.)} Baltimore

Duration of Residence in City of Baltimore, Life

Place of Death, {Give street and number} No 207 Aisquith St

Cause of Death, {First (Primary)} Diphtheria

{Second (Immediate,)} Diphtheritic Croup.

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 5th 1877

Wm Whitridge M.D.
Medical Attendant.

Undertaker, R. L. Bevans

Place of Business, E. Balto St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

~~Board of Health, City of Baltimore,~~

Permit No. 22420.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lynan

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 3 Bank St

Cause of Death, {First (Primary,) Bilious Fever / Second (Immediate,) Heart Disease}

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 5th 1877

Undertaker, James P Byrne

Place of Business, No 63 N Front St

A Diego Sherzer M. D.
Medical Attendant.

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22221

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Engle

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} W. Woody Ear

Cause of Death, First (Primary,) Diphtheritic Croup.

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial, Decbr 5

Undertaker, J Hohalyne

Place of Business, 262 Penna Ave

G. W. Sons M.D.
Medical Attendant.

Address Cor Tuckr & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22222.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Wampler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick County

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} Back [illegible] Canton 21

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Baltimore Co

Date of Burial, Dec 5th 1877

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Avenue

C. J. Hunt M. D.
Medical Attendant.

Address Corner of Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22223,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3d. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Brendel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 10 *Months,* 3 *Days.*

Color, white

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, midwife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give street and number.} S. W. cor. Sharp & Pratt Sts.

Cause of Death, {First (Primary,) ... Second (Immediate,) Organic Disease of the Heart.

Duration of Last Sickness, 17 years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 5th 1877

{*Undertaker,* F. H. Lovell
Place of Business, Hanover St

Aug. A. Eisch M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Pfarr

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 232 N Durham St

Cause of Death, First (Primary.) Hydrocephalus

Second (Immediate,) Pneumonia

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 6th

Undertaker, Geo Schilling

Place of Business, Ashland & Fulton

F. A. Warner, M. D.
Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 m: 3d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John K. Steiger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Mechanic.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 19 Years.

Place of Death, {Give street and number.} N° 6. East Biddle St.

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 6th 1877.

Undertaker, Henry W. Mears

Place of Business, 345 N. Gay St

Wm Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles, Son Babel

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 2 *Months,* 1 *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 10 Weeks.

Place of Death, {Give street and number.} N. E. Cor Monument & Durham

Cause of Death, {First (Primary.) Pneumonia

{Second (Immediate.)

Duration of Last Sickness, 9 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Dec 5th 1877

Undertaker, Henry Sandor *Address,* 1 Broadway

Place of Business, 252 Canton Ave Madison St

Wm. L. Kunz M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weber

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 8 *Months,* ..... *Days.*

Color, Whit

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, old maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hessen (Germany)

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 421 Hamburg Street

Cause of Death, First (Primary,) consumption of lungs

Second (Immediate,)

Duration of Last Sickness, confined in bed 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Cmetry

Date of Burial, Dec 5th 1877.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

H. Albers M. D.
Medical Attendant.

Address 95 S. Sharpe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4" 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Russell

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, ~ *Years,* 3 *Months,* ~ *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 92. Arch St

Cause of Death, {First (Primary,) Spasms

Second (Immediate,) ~~Spasms~~

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 6" 1877

Undertaker, John C. Jordan

Place of Business, Park near Mulberry

..... M. D.
Medical Attendant.

Address, Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Information by Jno McCWilliams Sanitary Insp

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22229.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L Helm

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* 1 *Months,* 20 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 289 N. Amity

Cause of Death, {First (Primary,) Tuberculosis Pulmonum
Second (Immediate,) Asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 6th 1877

{*Undertaker,* Wm. H. Hickman
Place of Business, 234 E. Fay St.

A Aranson M.D.
Medical Attendant.

Address 257 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22230,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Unknown

Sex, Male or Female, {Cross out the words not required in this line.}

Age, about 45 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tramp

Birthplace, {State or country (and how long in United States, if of foreign birth.)} unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} found dead in privy of Western Schutzen Park ear

Cause of Death, First (Primary,) entrenum, supposed to be exposure and drunk

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, Dec 5th 1877

Geo C Ogle coroner M.D.
Medical Attendant.

Undertaker, F. A. Kirchner

Place of Business, 50 S. Carroll Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Edward Pond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 10 ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 15 Elizabeth, Lanvale

Cause of Death, {First (Primary,) ... Second (Immediate,) ...} Jaundice. Since Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, December 6th 1877

Undertaker, Charles Fitzgerald

Place of Business, 111 Lanvale Street

A. M. Dodge ... *M. D.* Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S Selby

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the words not required in this line.}

Age, Seventy three *Years,* Eleven *Months,* Eleven *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} near Annapolis Md

Duration of Residence in the City of Baltimore, About 33 years

Place of Death, {Give street and number.} 425 N Eutaw St

Cause of Death, {First (Primary,) Hypertrophy heart ascites

Second (Immediate,) do do Uraemia

Duration of Last Sickness, 11 about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 6th 1877

Undertaker, H. W. Dunkin

Place of Business, Light St

W Hammond M.D.
Medical Attendant.

Address, 53 N Paca St Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22233,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 4. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aly Kearns

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 63 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pittsburg, Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 239 N Howard

Cause of Death, {First (Primary,) Pernicious Anemia
Second (Immediate,) Asthenia
Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery Richard McSherry M. D.
Medical Attendant.

Date of Burial, 6th Dec 1877

{*Undertaker,* H. M. Jenkins & Son *Address* 189 N Howard St
{*Place of Business,* 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie A. Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Division St

Cause of Death, {First (Primary,) Scarlet Fever / Second (Immediate,)}

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 6th 1877

Undertaker, Chas. T. Scriven

Place of Business, 271 W. Eutaw st

Chas Fawcett M. D.
Medical Attendant.

Address 92 Monroe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 37 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Ivy alley

Cause of Death, {First (Primary,) old age
Second (Immediate,) intemperance

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Friday Dec. 7th 1877

Undertaker, Conrad Kunkel

Place of Business, No 60 Park ave

A. Schmidt M. D.
Medical Attendant.

Address 108 S. Chapel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G. Gallion

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 323 Franklin St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Dec 6th

Undertaker, P. Kinnait

Place of Business, 311 Mulberry St.

D. G. Keller, M. D.
Medical Attendant.

Address 84 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22237,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Cosgrove

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Thirty five *Years,* Eleven *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bailiff Superior Court

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Thirty five years & Eleven Months

Place of Death, {Give street and number.} # 428 N Mount Street

Cause of Death, {First (Primary,) Congestion of Lungs and Kidneys.

{Second (Immediate,)

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, H Peters Cemetery

Date of Burial, Dec 8th

{Undertaker, P Kinnard

{Place of Business, 317 N Howard St

D. G. Linthicum M.D.
Medical Attendant.

Address, # 684 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

Permit No. 22238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Catharine Margaretha Wittle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* ... *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany. About 15 years in U.S.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 377 W Pratt Street

Cause of Death, First (Primary.) Chronic diarrhoea

Second (Immediate.) Weakness

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetary

Date of Burial, 7 December

Undertaker, Geo. Leimbach

Place of Business, 389 W Pratt

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

Date of Death, December 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Garrett

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Five *Years,* Nine *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Tennessee

Duration of Residence in the City of Baltimore, Over Six Years

Place of Death, { Give street and number. } No. 106, S. Caroline St

Cause of Death, First (Primary,)

Second (Immediate,) Consumption Hemorrhage of Lungs

Duration of Last Sickness, Nine Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cimetery

Date of Burial, December 6th 1877

Undertaker, H M Gehmeyer

Place of Business, 341 Canton Ave.

A. K. Coale, M. D.
Medical Attendant.

Address 230 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22240,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Hardy

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~—~~ *Years,* 8 *Months,* ~~—~~ *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Union St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, Dec 7th 1877

Undertaker, W. H. Bishop

Place of Business, Druid Hill Ave

James F Stewart M.D.

~~Medical Attendant.~~

Address, Commrs of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of ~~death~~ except in cases of births and deaths of illegitimate children.

Investigation by Dr E Taylor Sanitary Inspector

OVER.

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 18 Wilson Street.

Cause of Death, First (Primary,) I attended Mr Murphy in August last for

Second (Immediate,) Chronic Rheumatism - with cardiac disease

Duration of Last Sickness, His death was sudden from what cause I know not

All the above information should be furnished by the Physician. not having seen him since Sept - last.

Place of Burial, St Patrick's

Date of Burial, Dec 6 / Marbury Brown M. D.

Medical Attendant.

Undertaker, J Mahaney

Place of Business, 262 Penn Ave Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Carter

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* Eight *Months,* Twelve *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No, 57, China St

Cause of Death, First (Primary,) Pestusis

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Chapel St

Date of Burial, December 6 1877

Undertaker, Jacob Davis

Place of Business, 13 East

L. S. Dyer *M. D.*
Medical Attendant.

Address, No, 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22243,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. Bathurst

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, since youth

Place of Death, {Give street and number.} No 43 Mount Vernon Place

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Reggie Buckler M. D.

Date of Burial, 8th Dec 1877 Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...g of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Waters

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 285 West st

Cause of Death, First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 3 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, December 6 s.

Undertaker, Hercules Ross

Place of Business, No 180 Mes St

O. A. Lorke M. D.
Medical Attendant.

Address Cor. Lee & Chauncey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Spec

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 222457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walpurg ia Müller

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, 79 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Midwife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 226. E. Chase Street

Cause of Death, First (Primary,) Cancer of Rectum & Uterus

Second (Immediate,) Marasmus.

Duration of Last Sickness, Eight (8) Months

All the above information should be furnished by the Physician.

Place of Burial, St Lyphonius Centre

Date of Burial, December 7. 1877

Undertaker, Henry Stark

Place of Business, 309 Central Ave

S. N. Elmer M.D.
Medical Attendant.

Address S. E. Cor Eager & Carlis Streets

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 6 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~November~~ December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Boyce Sr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* ~ *Months,* ~ *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Brick Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 602 Light St

Cause of Death, First (Primary,) ....

Second (Immediate,) Apoplexy

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 7th 1877

Thos Boyce M.D.
Medical Attendant.

Undertaker, Williams & Denny

Place of Business, 265 Light St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schwilk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} No 274 Bond st

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, (Seven Weeks)

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, December 7th 1877

Undertaker, Leonard Veirs

Place of Business, S. Bond St. No 277.

Thomas J. Evans M. D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland, Harford Co.

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} Balt. Infirmary Gaston-Eutaw, Nr Lombard

Cause of Death, First (Primary,) Asthenia

Second (Immediate,) Sidaqx

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec. 5th 77

Undertaker, P.B. Graef Sr.

Place of Business, # 303 N Gay

T. A. Ashby, *M.D.*

Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22248

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} 05 Hastine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 Months, *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 5 Route St Alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green St Cemetery. Chas W Fillen M. D.

Medical Attendant.

Date of Burial, December 6. 1877

Undertaker, Thos J Grain.

Place of Business, 62 Baltimore St. Address 166 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta L. Cohen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 68 Russell St

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Diphtheritic Croup}

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 7th 1877

Undertaker, Julius Rocker

Place of Business, Sharp & Crop sts

Thornton Cook M. D. Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 5, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan A. Moore,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 10 *Months,* 9 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, life.

Place of Death, {Give street and number.} 36 Lombard and Pratt sts.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Phthisis Pulmo.

Duration of Last Sickness, do not know.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. Alex. Hill M. D.

Medical Attendant.

Date of Burial, Dec 7 77

Undertaker, Edward H. Moran Address 50 N. Calvert st.

Place of Business, 35 Park Ave for T. C. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OF 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Stifel

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 87 *Years,* 2 *Months,* 15 *Days*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, all his Life

Place of Death, {Give street and number.} 79 W Baltimore St.

Cause of Death, {First (Primary,) Old Age.

Second (Immediate,)

Duration of Last Sickness, 8 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 7th 1877

Undertaker, J Beck

Place of Business, 119 W Baltimore St

John A. G. Thom M.D.
Medical Attendant.

Address, " " City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22253,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Connelly

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Five *Years,* Eight *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Never out

Place of Death, {Give street and number.} No 5th Chestnut West corner of Douglas

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Serous Effusion

Duration of Last Sickness, Nine Weeks

All the above information should be furnished by the Physician.

Place of Buriad, St Vincents Cemetery

Date of Burial, Dec 6 1877

J J O'Leary M. D.
Medical Attendant.

Undertaker, James W Byrne

Place of Business, No 63 So Front St *Address* E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 6th /877 330 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Raun

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 64 Eastern Av

Cause of Death, First (Primary,) ....

Second (Immediate,) Cancer of face

Duration of Last Sickness, Twelve years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 7 1877

Undertaker, James P, Byrne

Place of Business, No 63 N Front St

A Hugh Shertzer M. D.
Medical Attendant.

Address 11 S, High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22355.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 6 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine McNeal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 45 President

Cause of Death, First (Primary,) Old age

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem Geo B Reynolds M. D.

Date of Burial, Dec 7th 1877 Medical Attendant

Undertaker, Leo P Bryan

Place of Business, Front St *Address* 443 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 A.M. 6th December, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Herbert Riley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Three *Years,* ——— *Months,* Fifteen *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 years & 15 days

Place of Death, {Give street and number.} No 19 Etting St - Baltimore City

Cause of Death, First (Primary,) Diphtheria (second attack)

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 7th 1877

Undertaker, Jacob Weaver

Place of Business, No 426 Druid Hill Avenue *Address* 83 Franklin St

Wm. J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 5. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Ratt.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Eight *Years,* — *Months,* — *Days.*

Color, Color *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Home Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} 93 N. Calvert St.

Cause of Death, First (Primary,) —

Second (Immediate,) Heart disease.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon m. cty

Date of Burial, Dec 7 1877

Undertaker, William Longe

Place of Business, 1002 East St

W. B. Ireland *M. D.*

Medical Attendant.

Address Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5 - 1877 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Parker —

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, one *Years,* Eight *Months,* Twenty five *Days.*

Color, Black *Sex,* Female -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md —

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 44 Parish St —

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, Three Days —

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Dec 7 1877

Undertaker, Wilson & Donges

Place of Business, No 62 East St

John F. King M. D.
Medical Attendant.

Address Edmondson Ave near Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22259.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward N. Preston

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* 3 *Days*

Color, Wh —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 58 Henrietta St.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Diphtheria

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, December 8th 1877

Undertaker, [illegible]

Place of Business, [illegible]

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 W. Saratoga

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah McEvans.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Seventy Six *Years,* Eleven *Months,* Twenty one *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll County, Maryland.

Duration of Residence in the City of Baltimore, Sixty one years

Place of Death, {Give street and number.} 377. Saratoga St.

Cause of Death, {First (Primary,) Old age. / Second (Immediate,) Pleuritis.}

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 8th 1877

Undertaker, Jas F. Loane

Place of Business, 598 W. Balto St

A. C. Fox M.D.
Medical Attendant.

Address, 154. Paca Street, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22261,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Thuman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 3 *Months,* 8 *Days*

Color, Wh -

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Cty -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 West St.

Cause of Death, {First (Primary,) {Second (Immediate,) Diphtheria 4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 8th

Undertaker, R. Keale

Place of Business, 411 Light St.

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22263,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brockett Hart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Colored *Years,* five *Months,* four *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, School girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, {Give street and number.} 158 Pennsylvania Avenue East

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Uraemia

Duration of Last Sickness, Thirteen days

All the above Information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Dec 7 B.P.R.R.

Undertaker, C H Blizzard

Place of Business, 281 Penn Av.

E W Chancellor Physician and Surgeon Penn Av. cor 12th.

Silas Baldwin M. D.

Medical Attendant.

Address 150 Lombard St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty three (33) *Years,* Two (2) *Months,* One (1) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, U.S. Soldier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Thirty (30) Years

Place of Death, {Give street and number.} M. Clifford (Sick) Bridewell Hospital

Cause of Death, First (Primary,) Bright Disease of Kidneys

Second (Immediate,) Uremia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Dec 7 - 1877

Undertaker, J. B. Blackistonson

Place of Business, 606 Balt st

Jno Duffee M. D.
Medical Attendant.

Address 111 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22264 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Reese

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 60 Hanover

Cause of Death, {First (Primary,) ——— Second (Immediate,) Phthisis}

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 9, 1877

Undertaker, M. A. Dargin

Place of Business, 74 S. Broadway

Wm Ford Carter M. D.
Medical Attendant.

Address 146 E. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22265

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

Date of Death, December 6th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eda May Linthicum

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Two Months, Two weeks Days.

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 52 S. Washington St.

Cause of Death, {First (Primary,) Whooping Cough.
Second (Immediate,)

Duration of Last Sickness, One week.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 7, 1877

{*Undertaker,* M. A. Daigon
{*Place of Business,* 74 S. Bond

Nicholas L. Dorsett, M. D.
Medical Attendant.

Address 207 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} T. S. Shipley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 8 *Months,* 16 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} Pratt St 509

Cause of Death, First (Primary,) Diffuse Cellulitis

Second (Immediate,) Pyaemia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing, Howard County

Date of Burial, Dec 8th 1877

Undertaker, J. Bobb

Place of Business, 1717 N. Baltimore Street

H. M. Lane M.D.
Medical Attendant.

Address 91 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22267.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Kelly

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 26 Years, Months, Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 22 President

Cause of Death, First (Primary,) Brights disease

Second (Immediate,) Disease of heart

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 7th 1877

Undertaker, James P Byrne

Place of Business, No 63 Sn Front St

P. G. Dance M.D.

Medical Attendant.

Address, 27 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22268, OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mackie Shearer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 87 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 195 N Eutaw St

Cause of Death, First (Primary,) Senility

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 9th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lyman

D Webster Cattell M. D.
Medical Attendant.

Address 2 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Broesse

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 7 *Years,* 9 *Months,* 12 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Myrtle av.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Asthenia.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 9th 1877

Undertaker, Peter Kummerz

Place of Business, 317 Mulberry St

G Gilmore M.D.
Medical Attendant.

Address, 87 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 22270 — Office of Registrar of Vital Statistics

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Chestnut 21 88 Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut 21 88

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, December 9th

Undertaker, Wm. N. Dunger

Place of Business, 62 East St

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Irvy Rowlston.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* 26 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Home.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 251 Dolphin st

Cause of Death, First (Primary,) Bowels - Membranous Croup

Second (Immediate,) and Double Pneumonia.

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 8th 1877

Undertaker, Enoch Pratt

Place of Business, 1046 Druid Hill Avenue

C. F. Bryan, M. D.
Medical Attendant.

Address 241 Linden ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 22272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec ~~Nov~~ 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Lewis

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number.} 64 Josephine Court

Cause of Death, First (Primary,) Ascites

Second (Immediate,) Heart disease

Duration of Last Sickness, Three (3) months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 7th 1877

Undertaker, Wm Somers Jay

Place of Business, 45 Mulberry St

M M Antrim M.D.
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22273,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 7 1877 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Toel

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 49 *Years,* ~~ [illegible] ~~ *Months,* ~~ [illegible] ~~ *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, bookkeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bremen Germany.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 93 S. Sharp Street

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) Blood dissolution

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 8th 1877

Henry Walzer M.D.
Medical Attendant.

Undertaker, F. N. Ensell

Place of Business, 191 Hanover St

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F Richstein

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, about 42 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, His Entire Life

Place of Death, {Give street and number.} 911 N Balt St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) do Consumption pulm.

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 9th 1877

Undertaker, John S Hacker.

Place of Business, No 150 Camden

W Hammond M.D.

Medical Attendant.

Address, 53 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 22275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* / *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Maternité

Duration of Residence in the ~~City of Baltimore~~, Institution 6 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 8. 1877

Undertaker, Saml Bowyer

Place of Business, 156 Division St.

Martyn Brown M.D.
Medical Attendant.

Address, 201 N. Bridle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry M Chandler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 119 Harlem Avenue

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)

Duration of Last Sickness, about 18 Month

All the above information should be furnished by the Physician

Place of Burial, Linden Park

Date of Burial, Dec 9th 1877

Undertaker, Hughes & Co

Place of Business, 360 Fayette St

Henry Darling M. D.
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22277.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillis Haywood

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, [illegible] *Years,* Eight *Months,* [illegible] *Days*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, Twenty eight years

Place of Death, {Give street and number.} No 38 Augusta St

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Consumption of the bowels

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 9th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Milton J. Smith M.D.
Medical Attendant.

Address, Broadway & Monument

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin P. Black

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Twenty, *Years,* Nine *Months,* Five *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll County Md.

Duration of Residence in the City of Baltimore, About One Year

Place of Death, {Give street and number.} S W corner McHenry & Gilmore

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Taneytown Carrol County on western Maryland Railroad

Date of Burial, Dec 9th 1877,

Undertaker, J Black

Place of Business, 1707 N Baltimore Street

J. G. Smith M.D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 943

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diana Carson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 7 *Months,* 25 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick City Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} S.W. Cor. Mulberry St. & Arlington Ave.

Cause of Death, {First (Primary,) Meningitis (Tubercular)

{Second (Immediate,)

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md

Date of Burial, Dec 8th 1877

Undertaker, P. Kummert

Place of Business, Mulberry St

R. H. B. Ellis *M. D.*
Medical Attendant.

Address N.W. Cor. Fayette & Schroeder Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Granted 9/44

[OVER.]

Board of Health, City of Baltimore

Permit No. 22280, OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* —— *Months,* —— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 139 Hamilton St

Cause of Death, {First (Primary,) ——} {Second (Immediate,) Phthisis}

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co Va

Date of Burial, Dec. 8. 77

Undertaker, J W Chase

Place of Business, 194 Howard St

Sheridan Cobb M.D.
Medical Attendant.

Address 146. Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 9 4 7

[OVER.]

Permit No. 22,281. OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

Date of Death, December 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Froehlich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt: City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 58 Elliott st

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)}

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 9 December 1877

Undertaker, John C. Fitch

Place of Business, 265 Aliceanna

L. C. Mullenneaux M. D.
Medical Attendant.

Address 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 22282

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sutton

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Eight Mos *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Still live

Place of Death, {Give street and number.} No. 120 North Eden st

Cause of Death, First (Primary,) Pillage

Second (Immediate,) Exhaustion

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Decr 10th

Undertaker, Geo W Spence

Place of Business, 206 Forrest st

Wilbert Seeley M.D.

Medical Attendant.

Address, Druggist Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22483. OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Payne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* ~~Months~~, 11 *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Marys Co

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} No 4 Bolton Alley

Cause of Death, {~~First (Primary,)~~ / ~~Second (Immediate,)~~} Caries of pelvis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Light St Pres Church Cem

Date of Burial, December 8th 77

Undertaker H Blizzard

Place of Business, 201 Pres Ave

W. E. Wiegand M. D.
Medical Attendant.

Address 343 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 22284

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Morgan (infant) Harford Co

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~—~~ *Years,* 4 hours *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 S. Green St

Cause of Death, {First (Primary,) Premature birth 7½ mths. lived 4 hours —
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford Co

Date of Burial, Dec 8th 1877

Undertaker, Thos L Murphy

Place of Business, 60 E Balto

Edw F. Nicholson M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Burial Permit 9465

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 22285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 28 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick city Md

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 74 N Mary street

Cause of Death, {First (Primary,) Typhoid Pneumonia / Second (Immediate,)}

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 8th 1877

{*Undertaker,* Wm Wesbecker / *Place of Business,* 47 Davis Alley}

H Darling M. D.
Medical Attendant.

Address 252 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attend...

Board of Health, City of Baltimore,

Permit No. 12286 OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Patrick Keary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* Two *Months,* five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From the date of his birth

Place of Death, {Give street and number.} Corner of Hamilton & St Paul St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Croup

Duration of Last Sickness, About 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 2d 1877

Undertaker, John S Mackie

Place of Business, No 150 Canton

[illegible] M. D.
Medical Attendant.

Address 10 [illegible] St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

The Special Act...

Board of Health, City of Baltimore,

Permit No. 22287

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brose

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* 4 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 Months & 4 days

Place of Death, {Give street and number.} 238 N. Durham St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Consulting

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 8 1877

Undertaker, Theo J Lochr

Place of Business, 56 Jefferson

E. C. Jones M.D.

Medical Attendant.

Address, 100 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attent...

Board of Health, City of Baltimore

Office of Registrar of Vital St...

Permit No. 12288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the de... of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificat...

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Moore

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 8 3 *Months,* ... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 298 Aisquith

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bal. Mt. Comfort

Date of Burial, Dec 9th 1877

Undertaker, Wm. Jacobs

Place of Business, 56 Jefferson

E. C. Burdan M.D.
Medical Attendant.

Address, 146 Exeter South

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22289 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Shaw

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth,} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Cor Franklin & Fulton

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Debility

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 9th 1877

J. R. Uhler M. D.
Medical Attendant.

Undertaker, John Mackin

Place of Business, No 150 Canal *Address* 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22290 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ...

Sex, Male or Female, { Cross out the word not required in this line. } ...

Age, 70 y 7 m ... *Years,* ... *Months,* ... *Days.*

Color, ... *Sex,* ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ...

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } ...

Cause of Death, { First (Primary,) ... Second (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, December 9th

Undertaker, Wm. N. Dungell

Place of Business, No 17 Exeter ally *Address* ...

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.

The Special ...

Board of Health, City of Baltimore

Permit No. 22291 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Gross

~~*Sex, Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 24 Hours *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 321, S. Howard St

Cause of Death, First (Primary,) Spasms

Second (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 8th 1877

Undertaker, Hercules Ross

Place of Business, West Street

James A Steuart M.D.
Medical Attendant.

Address, Commissioner of Heal...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wm Carroll Sony Insp

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 22292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *n* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th " 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw McWilliams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 N. Front

Cause of Death, First (Primary,) Tuberculosis Enteritis

Second (Immediate,)

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Geo B Reynolds M. D.

Date of Burial, Dec 10th 1877 Medical Attendant.

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St *Address* 45 N Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

Date of Death, Dec 2. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto. Georg Kirchbaum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52. *Years,* 1. *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tobr

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 25. Jear

Place of Death, {Give street and number.} 155. Saker St. Baltimore

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)}

Duration of Last Sickness, 6 Jear

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cty.

Date of Burial, Dec. 9th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Ave.

John A. R. Pinto M. D.
Medical Attendant.

Address 188 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 22294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine A Rose

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 S Sticker

Cause of Death, {First (Primary,) Second (Immediate,)} Acute Pulmonary Consumption

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Dec 9th 1877

Undertaker, A Weidemeyer

Place of Business, W Balto St

Address 76 S Paca St

J A Harney M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnnie McDonnald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1/2 *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Smith St

Cause of Death, {First (Primary,) Hydrocephalus

Second (Immediate,) 5 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Isaac Co's Jo. Geo B Reynolds M. D.

Date of Burial, Dec 9th 1877 Medical Attendant.

Undertaker, Edmondson

Place of Business, 341 Penn Ave Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

Date of Death, Dec. 8th 3 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Allen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 205 N Eutaw St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Pseudomembranous Croup

Duration of Last Sickness, 3 or 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 10th 1877

Undertaker, Jacob Weaver

Place of Business, c/o 4 & 6 Druid Hill Ave

A L Shertzer *M. D.*
Medical Attendant.

Address 11 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22297

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Sindorf

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, W. *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 63 yrs

Place of Death, {Give street and number.} Aged Women Home

Cause of Death, {First (Primary,) Dropsy (Gen'l)
Second (Immediate,)

Duration of Last Sickness, Four Months

All the above inform

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec. 10 1877

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St.

Geo H. Cox M.D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 22298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Bassett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 214 S. Ann Street

Cause of Death, {First (Primary,) Scrofula / Second (Immediate,)}

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 9 December 1877

Undertaker, John C. Lewis

Place of Business, 68 Thames

James S. Law M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22299.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Bryant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* Three *Months,* Fourteen *Days.*

Color, Mulatto *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dover St. Balto M.D.

Duration of Residence in the City of Baltimore, Three Months 14 Days

Place of Death, {Give street and number.} 181 Howard St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, December 8th

Undertaker, Jacob Davis

Place of Business, 113 Lee St

Dr. Wm Gombel M. D.
Medical Attendant.

Address 163 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. M. C. Bowne

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, Fifty one *Years,* Two *Months,* Twenty Seven *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} # 391 N. Gilmore St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, I believe about One year I have attended him about

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 10th 1877

Undertaker, Jacob Wreaber

Place of Business, Moore St

J. G. Lyon M.D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Louisa Sayler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hamilton st No 2

Cause of Death, First (Primary,)

Second (Immediate,) Marasmus

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 10

Undertaker, Wm. A. Longmire

Place of Business, 62 East St

E. L. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22302,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Millie Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Abt 13 years

Place of Death, {Give street and number.} 25 S. Dallas Street.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) .....

Duration of Last Sickness, Abt one year

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, December 10

Undertaker, Wilson & Dwyer

Place of Business, 62 East St

D M Cathell M. D.
Medical Attendant.

Address 21 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22303,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs L. V. Morgan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 S. Green St

Cause of Death, {First (Primary,) Asthenia, or Exhaustion due to premature labor at 7½ months & Remittent Fever. Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Aberdeen Harford Co

Date of Burial, Dec 10th 1877

Edw F. Michael M. D. Medical Attendant.

Undertaker, Thos L Hughes

Place of Business, 66 E Balto

Address 279 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 947

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Park

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 363 Cathedral St

Cause of Death, First (Primary,) —

Second (Immediate,) Old Age

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 8th 1877

Undertaker, Jacob Weaver

Place of Business, No 456 Druid Hill Avenue *Address*

Attendant M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24305.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Ehrman

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 4 *Years,* 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 32 S. Green Baltimore

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Spasm of Glottis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 10th 1877

Undertaker, Johns Hinchion

Place of Business, No 150 Camden

Wm McKenzie M. D.
Medical Attendant.

Address, 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosebud Crook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, (5) five *Years,* Six *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city No 43 N. Eutaw st

Duration of Residence in the City of Baltimore, all of her life

Place of Death, {Give street and number.} Baltimore city 43 N. Eutaw st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Acute Bronchitis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 10th 2 P.M.

C. H. Benson M. D.
Medical Attendant.

Undertaker, John S. Boucher

Place of Business, No 150 Camden *Address* No 106 N. Eutaw st Baltimore city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha D Crawford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll Co Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 57 S Paca St

Cause of Death, {First (Primary,) Cirrhosis / Second (Immediate,) Ascites

Duration of Last Sickness, 5 Mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 10th 1877

Undertaker, John S Mucher

Place of Business, No 150 Camden

Address 76 S Paca St

S S Bunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24308 1 1/1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,)

Duration of Last Sickness, three year —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery | Edwd F. Michaelson M. D.

Date of Burial, Dec 10th 1877 | Medical Attendant.

{*Undertaker,* J. B. Cook | *Address* 279 W. Lombard

{*Place of Business,* 707 W. Baltr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Domestic Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Mary's Co. Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} 7 Oford St

Cause of Death, {First (Primary,) Chronic Peritonitis / Second (Immediate,)} One month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cath. Cathedral Cemetery

Date of Burial, Dec 10. 1877

{*Undertaker,* John C Gordon / *Place of Business,* No 63. Park Ave}

J. E. Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22310,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerqeda Heim

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, — 27 — *Years,* — 10 — *Months,* — — — — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 275 Gan Le St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) — Two years —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, December 11th

Undertaker, H. Froehlich

Place of Business, 246 Easter Av

Thomas J. Evans M. D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22311,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Gorman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Maryland

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 411 McHenry St.

Cause of Death, First (Primary,) Scald, by falling in bucket of

Second (Immediate,) boiling water.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Pikes cemetery

Date of Burial, Dec 10th 1877

Undertaker, J B Cook

Place of Business, 1707 W. Baltimore Street

James Boseley M. D.
Medical Attendant.

Address Cor Hollins & Mount
Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sylvanus Gillis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} # 481 W Lombard St

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,)

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Geo H Dyer M. D.

Medical Attendant.

Date of Burial, Decem 11

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address* 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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[redacted],

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Sewel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Gough st 40

Cause of Death, First (Primary,) Rheumatism Heart disease

Second (Immediate,) Dropsy

Duration of Last Sickness, Several years Kept to her room 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 10

Undertaker, H C Hutchinson

Place of Business, 191 S Bond St

E C Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 8, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* three *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Unknown.

Cause of Death, { First (Primary,) Unknown.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pratt Cemetery

Date of Burial, Dec 9th

{ *Undertaker,* Christ Streuper
Place of Business, Pratt & Christ Sts

D. E. Landis M. D.
Medical Attendant.

Address Corner Pratt & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Engart -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White. *Sex,* Male -

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, unknown.

Place of Death, {Give street and number.} Baltimore City Jail,

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Apoplexy.

Duration of Last Sickness, 4 hours,

All the above information should be furnished by the Physician.

Place of Burial, E. Pul Cemetery

Date of Burial, Dec 9 1877

Undertaker, Upshur Stevens

Place of Business, Pratt & Webster Sts *Address* 78 E. Baltimore St

S. H. Hoch M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ann Skinner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 9 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County 18 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 128 Spring St North

Cause of Death, {First (Primary.) Mitral Regurgitation} {Second (Immediate,) CO2 Poisoning}

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, December 11th

Undertaker, Jno. W. Locke

Place of Business, Wolf Street

E. Gorsuch M. D.
Medical Attendant.

Address 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Wallis

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 323 N. Dallas st.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Tetanus nascentium

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 10/77

Undertaker, James Burns

Place of Business, Front st

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 116 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. ~~Dec~~ 8, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward France

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 49 S. Eden St

Cause of Death, {First (Primary,) Croup.
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 10th 1877

Undertaker, Leonard Yeiss

Place of Business, S. Bond St. & 272

Abram Bowers M.D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordsined, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Martinett

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, Eighteen *Years,* *Months,* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington D C

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} No 30 N Eden St

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, About Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Dec 11th 1877

{*Undertaker,* Thos. E Hayes

Place of Business, 238 Washington Ave

D A Rhem M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22320,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Mayer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* *Days.*

Color, white *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 363 Park Avenue

Cause of Death, First (Primary,)

Second (Immediate,) Meningitis

Duration of Last Sickness, 12

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Thomas R Brown

Date of Burial, Dec. 11th 1877 *M. D.*

Medical Attendant.

Undertaker, H. N. Jenkins ton *Address*

Place of Business, 16 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec: 8th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Shea

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 342 Mulberry St

Cause of Death, {First (Primary.) Diphtheria 9 days

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 10th Dec.

Undertaker, D. Kummel

Place of Business, 317 Mulberry St

J. W. C. Cuddy. *M. D.*
Medical Attendant.

Address 863 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 10 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Leslie Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} M

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} High St near Hillen

Cause of Death, {First (Primary,) Syphilis / Second (Immediate,) Phthisis}

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 10 1877

Undertaker, Fay & Bro

Place of Business, Fayette St

Thomas Shearer *M. D.*
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22323,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday 11.15 o'clock P.m Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eujine LeRoy Miller

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 24 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washinton D C

Duration of Residence in the City of Baltimore, 8 Month

Place of Death, {Give street and number.} 34 O Donnell St

Cause of Death, First (Primary,) Congestion Intermitant fever

Second (Immediate,) Convultion

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Int Carmel Cemetery.

Date of Burial, December 10th/77

Undertaker, M. Schilling & E

Place of Business, Corner Ellwit & Canton

E Pinchard M.D.
Medical Attendant.

Address, 28, O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip P Randolph. -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Forty Years.

Place of Death, {Give street and number.} 89 Park St. Balto. -

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease?

Duration of Last Sickness, a few Moments.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery *Chas P Smith* M. D.

Medical Attendant.

Date of Burial, December 11th 1877

Undertaker, Jacob Weaver

Place of Business, Address No 476 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R Lawson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 7 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 338 Lexington St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 338 Lexington St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pulmonary

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 12th 1877

Undertaker, Andrew Leh

Place of Business, 118 Druid Hill

W. F. Hengst M. D.
Medical Attendant.

Address Cor Eutaw & Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Friedman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Sex, Male

Married

Occupation, Store Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} 101 Columbia Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Collapse

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Dec 11th 877

Undertaker, Com Cemetery

Place of Business, 107 Gough St. *Address* 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Burton

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, 1 *Years,* 3 *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 143 York St.

Cause of Death, { First (Primary,) Exhaustion / Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Dec 10th 1877

Undertaker, Jacob Davis

Place of Business, 103 Lee St.

James A Steuart M.D.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Carroll Sanitary Inspector

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22328,

HEALTH DEPARTMENT
DEC
10
1877
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Miss Jennie Blackston~~ Dec 8th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Jennie Blackston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, About 24 Years, Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 2 Forney Alley

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness, about 10 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10. 1877

Undertaker, Samuel W Chase

Place of Business, 198 S. Howard St

H. H. Weber M. D.
Medical Attendant.

Address 320 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Green.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color, Col'd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} 272 S. Howard St.

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis Pulmonalis 3 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shan's St Cemetery

Date of Burial, Dec 10. 1877

Undertaker, Samuel W. Chase

Place of Business, 188 S Howard St

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 Church St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22331,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of pareuts.} John Kater

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 10. *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 351 S. Charles st.

Cause of Death, First (Primary,) Diptheritic Croup

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 10th 1877

Undertaker, C. F. Krause

Place of Business, 209 Hanover

E. T. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Feney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 6 Hall Alley

Cause of Death, First (Primary.) —

Second (Immediate,) Congestion Bronchitis

Duration of Last Sickness, 2 & 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec 11th 77

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Theron Cook M.D.
Medical Attendant.

Address 116 6 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawson L Newman.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number.} 19 Courtland St.

Cause of Death, First (Primary,) Softning of the Brain

Second (Immediate,) " " " "

Duration of Last Sickness, Few Years, Since the beginning of the attack, last sickness 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 11th 1877

Undertaker, Hughes & Co

Place of Business, 846 Fayette

John L Pennington M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 250 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 9. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Carroll Shaw

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Six *Years,* Ten *Months,* Seven *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, from Birth

Place of Death, {Give street and number.} 73 Pattison Ave

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem

Date of Burial, Dec 11th 1877

{*Undertaker,* Naylor & Co

Place of Business, 58 & 60 Hoyen St *Address*

Wm H Davis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Dec. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* one 2 months, 3 moments ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 61 Division Street

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 61 Division Street.

Cause of Death, {First (Primary.) / Second (Immediate.)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emmitsburg Md. Geo. Cunningham M. D.

Date of Burial, 11. Dec. 1877 Medical Attendant.

Undertaker, Geo. Saffran

Place of Business, 121 Penn. Avenue *Address* 201 N. Riddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22335

HEALTH DEPARTMENT
DEC
1877
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank K. Tyrell

Sex, Male or ~~Female~~, {Cross out the word not required in this line,}

Age, 21 *Years,* 2 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 204 N. Eutaw St.

Cause of Death, First (Primary,) Typhoid Malarial Fever

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial, London Park

Date of Burial, December 12th

Undertaker, Sinclair & Mauro

Place of Business, 35 Park Ave

James Armitage M. D.
Medical Attendant.

Address 14 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Maria Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laundress & Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Maryland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} In 45 Lemon Alley

Cause of Death, {First (Primary,) Pneumonia Coal Oil Explosion
Second (Immediate,)

Duration of Last Sickness, 7 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11th 1877

Undertaker, Wm Fenn Gray

Place of Business, 63 Mulberry St

J G Wenth M. D.
Medical Attendant.

Address 131 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Grew,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 8 *Days.*

Color, Negro — *Sex,* Male —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City —

Duration of Residence in the City of Baltimore, During life,

Place of Death, {Give street and number.} 52 Small Alley St,

Cause of Death, First (Primary,) Diphtheria —

Second (Immediate,) Anaemia —

Duration of Last Sickness, 14 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 11

Undertaker, William A. Dougherty

Place of Business, 11 Hoben Alley

J. L. Engle M. D.
Medical Attendant.

Address 247 Lawalest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22338.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Wilson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 235 Madison st

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, December 11

Undertaker, William A. Lyons

Place of Business, 69 East St

Wm. G. Kerr M.D.

Medical Attendant.

Address, Broadway

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22339.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Charles A. McCormick

~~Sex,~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 84 E Pratt St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 12th 1877

O. L. Mahon M. D.
Medical Attendant.

Undertaker, Henry H. Mears

Place of Business, 145 N. Gay St *Address* 138 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Smith

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 6 *Years,* *Months,* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 118 N. ~~Durham~~ St. Bethel St.

Cause of Death, First (Primary,) Diphtheritic Glossitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 10 1877

Undertaker, Theo J Socks

Place of Business, 56 Jefferson

G L Wilkins M.D.
Medical Attendant.

Address, 77 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Mc Vaughn,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mechanic.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Co, Md.

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number.} 114 S. Eutaw St,

Cause of Death, {First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, 17 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 12 "

Undertaker, Blackiston & Son

Place of Business, 606 W. Balto St

John. D. R. Knight M.D.
" " "
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22342/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

Date of Death, Dec – 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel: Matthews Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 days *Days.*

Color, Colored — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 50 Chestnut St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 50 Chestnut St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12

Undertaker, Abraham Wayman

Place of Business, 20 Saratoga St

Ralph W. Powell M. D.
Medical Attendant.

Address 82 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42343,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M Dickey

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~Baltimore~~ Penna

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First (Primary,) Cancer Uteri (Epithelioma cervix-

Second (Immediate,) Exhaustion from Hemorrhage &c

Duration of Last Sickness, 16 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 11th 1877

Undertaker, H Schulbrey

Place of Business, Monument St

Oscar L Cattell M.D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Fiser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 45 years in U.S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1419 E Eager St

Cause of Death, {First (Primary,) Hemiplegia.
Second (Immediate,)

Duration of Last Sickness, About Nine years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 12th 2 P.M.

Undertaker, H. J. Nannuth

Place of Business, S.W. Cor Pratt & Saratoga Streets

W. W. White, M. D.
Medical Attendant.

Address 241 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Alice Sawtin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 201 Lexington St

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemt

Date of Burial, Dec 12th 1877

{*~~Undertaker~~,* Henry Sawtin *Address* 185 Fayette St

Place of Business, 204 Lexington

D. A. Crim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. McCutcheon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, twenty four *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Since Birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 4 Henrietta St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 13 December

{*Undertaker,* John Denny

Place of Business, Address 61 Sharp St.

L. A. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Eades

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 34 Low St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 11th 1877

Undertaker, [illegible]

Place of Business, [illegible]

Silas N. Hunter M.D.
Medical Attendant.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louise Leippe

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 7 *Years,* *Months,* 10 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 265 E. Lexington

Cause of Death, {First (Primary,) Abscess and

Second (Immediate,) Enteritis — pulmonitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, 5th German Ref. St. Pauls Cy.

Date of Burial, Dec 12th

Undertaker, W. Frankish

Place of Business, No 246 Eastern Ave

J. Thomas M.D.
Medical Attendant.

Address, 248 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[redacted]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22349.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 11th 10 AM,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Senft

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, [redacted] *Years,* 9 *Months,* 9 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, [redacted]

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, [redacted]

Place of Death, {Give street and number.} 3 Constitution St

Cause of Death, {First (Primary,) Second (Immediate,)} Dentition

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetary

Date of Burial, 12th of Dec /77

Undertaker, Henry Rosendale

Place of Business, 39 N. Fremont St

A Freigthberger M. D.
Medical Attendant.

Address 11 S. Hugh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis G Dandelet.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 Years, Months, Days.

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dyer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} France 29 Years

Duration of Residence in the City of Baltimore, 122 N Howard St.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,)} Consumption (Acquired)

{Second (Immediate,)} "

Duration of Last Sickness, 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 13th 1877

{Undertaker, C. F. Krause

{Place of Business, 209 Hanover

John S. Pennington, M. D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22 357,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Russell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 5 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 839 W Balt St

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Don't know

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 13 1877

Undertaker, John P Paulus

Place of Business, 66 Fredrick Ave

W W McClure M. D.
Medical Attendant.

Address 582 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec., 11th 1877,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edwin Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 8 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co., Md.

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 364 Risgwith St.,

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 12th 1877.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

M. B. Billingslea M. D.
Medical Attendant.

Address Harford Ave & Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42353.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas W. Bevan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Washington Univ. Hospital

Cause of Death, {First (Primary,) Albuminuria / Second (Immediate,)}

Duration of Last Sickness, Six (6) days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 12th 1877

Undertaker, H W Mears

Place of Business, 45 N Gay St

Chas B Gilpin M. D.
Resident Physician
Medical Attendant.

Address Wash. Univ. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22357.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah M. Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queens Comm Co

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} 39 N. Exeter St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) One Year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th 1877

Undertaker, Henry H. Mears

Place of Business, 415 N Gay St

O. L. Mahon M. D.
Medical Attendant.

Address N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22355,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Locker

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 5 Gouds Lane

Cause of Death, First (Primary,) Teething

Second (Immediate,) Spasms

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 13th 1877

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery Sts

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22356,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas S. Hamilton

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 19 years *Years,* 2 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Student

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Eutaw Place Balto.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Intestinal perforation

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Dec 13 1877

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St

F. Donaldson M.D.
Medical Attendant.

Address, 108 Park Ave
Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22357,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Hancock

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* 2 *Days.*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 227 Montgomery St

Cause of Death, {First (Primary,) Apoplexy — Second (Immediate,) Coma

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, Dec 14 1877

Undertaker, Frank Lynn

Place of Business, 263 Light

Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22358,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Dec 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katey Fisher

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, ~~Years,~~ Months, 29 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} N E Corner of Dillon & Hanover Sts

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} E E Corner of Dillon & Hanover Sts

Cause of Death, First (Primary.) Erysipelas Gangraenosum, Umbilical region

Second (Immediate.) Erysipelas Gangraenosum, Umbilical region

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Ft. Carroll

Date of Burial, Dec. 12th /77

Undertaker, Ph. Schilling Coroner

Place of Business, of Ellicott and Canton's

J E Michaels M.D.
Medical Attendant

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Renes.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* male.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Butcher -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number.} 260 East Lombard st,

Cause of Death, {First (Primary,) Phthisis Chronic.
{Second (Immediate,)

Duration of Last Sickness, 1 year -

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Dec 13th 1877

R. H. Goldsmith, M. D.
Medical Attendant.

Undertaker, A Kohler

Place of Business, E. Lombard St Address 106 Harlem Avenue,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22360

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11 - 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Doerr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 22 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 Saratoga St.

Cause of Death, First (Primary,) Fractures of Skull & Femur

Second (Immediate,) Compression of Brain

Duration of Last Sickness, 1 Hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore [redacted]etry

Date of Burial, 13th of December

Undertaker, Conrad Kunkel

Place of Business, Park Ave near Saratoga St

John A. Doerner M.D.
Medical Attendant.

Address 92 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22361.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Thomas Hildt

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 119 Edmondson ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Paralysis

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Dec 13th 1877

Undertaker, Hughes & Co

Place of Business, 880 Fayette St

J. Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Francis 949

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22362,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday Dec 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Madline Rich -

Sex, Male or Female, {Cross out the word not required in this line.} Female -

Age, Years, Three Months, Twenty - Days.

Color, Black -

Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Three Months & Twenty Days

Place of Death, {Give street and number.} # Marion Court 4

Cause of Death, {First (Primary,) Pneumonia -
Second (Immediate,)

Duration of Last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 13th 1877.

{*Undertaker,* Wm H. Bishop Jr.
{*Place of Business,* 97 Druid Hill Ave.

J. H. Hartman M. D.
Medical Attendant.

Address # 67 N. Charles St
Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22363,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Jas Mathews Parents

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days*

Color, Colo

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 45 Arch St

Cause of Death, {First (Primary,)} {Second (Immediate,)} Congenital Malformation and its Effects

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 11 1877

Undertaker, W. H. Bishop

Place of Business, Druid Hill Ave

James F Steuart M.D.
Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Robert Jackson Son in Law

Samuel [illegible]
Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

Date of Death, Dechr. 12th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kinig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} Sth. Ann st. below Thame st No. 6

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec 12

Undertaker, Wm Diffel

Place of Business, S. Bond st. 151

C. M. Schulte Jr. M. D.
Medical Attendant.

Address S.W. cor. Wolfe st & Canton av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22365

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

Date of Death, ~~Anna Soellner~~ Dec. 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Soellner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty one years

Place of Death, {Give street and number.} 28 S. Castle St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Organic Disease of the Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 12

Undertaker, W. Diffel

Place of Business, S. Bond st. 151

Aug. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22366

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Dec 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Susan Little

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Nine *Years,* *Months,* 1 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} No 192 Courtney St

Cause of Death, First (Primary,) Scarlatina Malignia

Second (Immediate,) Asthenia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Dec 13th 1877

Wm. Seager *M. D.*
Medical Attendant.

Undertaker, Wm Schaefer

Place of Business, No 150 Camden *Address* 574 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 951

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

Date of Death, Dec 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Thater

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Marys Co Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 182 S Paca St

Cause of Death, {First (Primary,) ——— Second (Immediate,) General debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 13th 1877

Undertaker, John Machen

Place of Business, No 160 Camden

A Hewey M. D.
Medical Attendant.

Address 76 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gerard Brand

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 10 *Months,* 6 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, laboror

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hanovre (Germany)

Duration of Residence in the City of Baltimore, over twenty five years

Place of Death, {Give street and number.} Home for the aged Cor: of John and Valley Sts

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 15th

Undertaker J B Cook

Place of Business, 707 West Baltimore

Jos Burke Boyle M. D.
Medical Attendant.

Address 116 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[redacted], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22369.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

Date of Death, December 12. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 8 *Months,* 8 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co. Md

Duration of Residence in the City of Baltimore, Him or A Visit

Place of Death, {Give street and number.} 244 N. Carey St

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Apoplexy

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemt.

Date of Burial, 14th Friday

Undertaker, Lucas Weaver

Place of Business, 406 Druid Hill Ave

Thornton Smith M.D.
Medical Attendant.

Address 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22370,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, dec 10th, 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ames.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Servant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} West Moreland Co. Va.

Duration of Residence in the City of Baltimore, [illegible] Years

Place of Death, {Give street and number.} 43 [illegible] Eden, st.

Cause of Death, First (Primary,) Pneumonic fever.

Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible] Days (13)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 14th

Undertaker, William A. Bourque

Place of Business, 62 East St

Jno McSherry, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22371.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

Date of Death, December 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Bottern

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 34 Thames St.

Cause of Death, {First (Primary,) Tetanus Neonatorum

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsus

Date of Burial, 13 Dec 1877

Undertaker, J. E. Schuh

Place of Business, 215 Aisquith St.

James L. McShane M. D.
Medical Attendant.

Address 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22372.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

Date of Death, December 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jarrt Dutton

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, about 35 *Years,* — *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} (Unknown)

Duration of Residence in the City of Baltimore, (Unknown)

Place of Death, {Give street and number.} in Norris alley - (No number on house)

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Locust Grove

Date of Burial, Dec 12. 1877

Undertaker, Bernard McGhan

Place of Business, 151 S. Howard St

Robt H. Mifflin *M. D.*

Medical Attendant.

Address 57 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22373,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 13 1877 BALTIMORE

Date of Death, December 12, 1877,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip A. Skinner

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 2 *Months,* 27 *Days*

Color, White-

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 299. O. Pratt St.

Cause of Death, {First (Primary,) Diphtheritic Croup.
Second (Immediate,)}

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 14th 1877

Undertaker, Hughes & Co

Place of Business, 65 & Broadway

S. N. Hack M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 22374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Heinold

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 2 *Years,* 10 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 18 Columbia Ave

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 14 December

Undertaker, Geo Leimbach

Place of Business, 389 W Balt St

L. C. Bench M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabetta Klingenberg

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number.} 272 Light St

Cause of Death, {First (Primary,) Second (Immediate,)} Burns

Duration of Last Sickness, 31 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 14th 1877

Undertaker, August Dorn

Place of Business, Light St

Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22376,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson Mother

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 1 *Months,* 12 *Days*

Color, Colo

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 260 McDonough St

Cause of Death, {First (Primary,) A

Second (Immediate,) Convulsions

Duration of Last Sickness, all its life More or less

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Dec 14 1877

Undertaker, W. H. Hickman

Place of Business, 7 Gay St

James A Steuart M. D.

Attending Physician

Address, Comm's of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Sanitary Inspector

investigation by Robert Jackson

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22377.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguerite Speats

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Working in the house

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Melkerichtenwt (Prusse)

Duration of Residence in the City of Baltimore, over Thirty

Place of Death, {Give street and number.} Home for the aged Corn. of John and Valley Sts

Cause of Death, {First (Primary,) Infirmity

{Second (Immediate,) 1 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonse Cemetery

Date of Burial, December 13th

Undertaker, C F Pearce

Place of Business, 209 Hanover St.

Jos Burke Boyle M. D.
Medical Attendant.

Address 166 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 26 *Days.*

Color, White *Sex,* [redacted] Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 358 West Franklin ~~ee~~

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Wyhr Cemetery

Date of Burial, Decemb 16

Undertaker, J B Cook

Place of Business, 107 West Baltimore *Address*

D. P. Holland *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Mabrille

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 5 *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 148 Townsend St. East.

Cause of Death, First (Primary,) diphtheria

Second (Immediate,) diphtheritic Croup

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 13th 1877

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Silas Baccanis M. D.
Medical Attendant.

Address 150 Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22380, OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Ackenney.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 35 *Years,* 8 *Months,* 28 *Days*

Color Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Whitewasher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Wine St.

Cause of Death, First (Primary,) Acute Bronchitis Duration of Disease Acute Values

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, Dec 14 1877

Undertaker, S M Chase

Place of Business, 1920 Howard St

Wm Wilkerson M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 22381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Louisa Nikleas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 25 S Strieker

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Dec. 13th 1877.

{*Undertaker,* Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

I H Murray M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 22382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Neal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River Maryland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 14. Willner Court.

Cause of Death, {First (Primary,) Dysentery. Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 13th 1877

{*Undertaker,* Wm James Gray

Place of Business, 65 Mulberry St

A. T. Bell *M. D.*
Medical Attendant.

Address 326 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th December 1877,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phebe A B Fahnestock.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2nr 560 W. Fayette

Cause of Death, {First (Primary,) Phthisis Pulmonalis,
Second (Immediate,) About 4 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 14th 1877

Undertaker, Hughes & Co

Place of Business, 550 Fayette St

L. A. Dennis, *M. D.* Medical Attendant.

Address 553 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Tobias

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Optician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 38 yrs in U.S. Bavr. Hamburg Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 8 N. Greene st.

Cause of Death, First (Primary,) Scirrhus Cancer, of the breast

Second (Immediate,) Prostration

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Dec. 13th

Undertaker, John Teufel

Place of Business, 616 W. Balto. St.

John D. Pennington M.D.
Medical Attendant.

Address 98 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Reynolds

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 36 Warren St

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 216 Lee St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery Jos. E. Clayton M. D.

Date of Burial, 17 Dec'r Medical Attendant.

Undertaker, J H Chalmers *Address* 18 & Eutaw St

Place of Business, 262 Pennsylvania av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Winterling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.e City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 102 Boston St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 15 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, December 11th 1877

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave

Jno. L. Gaily M. D.
Medical Attendant.

Address 244 Boston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or singie) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin A. Simms

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 4 St Paul's Court

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and number.} 4 St Paul's Court

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Elsworth M. D.

Date of Burial, Dec 16th

Medical Attendant.

Undertaker, A. Wayman

Place of Business, Calvert St *Address* 57 N Calvert St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22388,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Johnson

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 53 *Years,* ——— *Months,* ——— *Days*

Color, Col'd

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Delaware

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 674 Lauer's Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 15th 1877

{*Undertaker,* Hercules Ross / *Place of Business,* West St}

James L Simms M.D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

Investigation by William Carroll Sanday Inspector

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selina Walls

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 63 *Years,* 7 *Months,* 10 *Days*

Color, Mulatto

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md.

Duration of Residence in the City of Baltimore, 63 yrs &c

Place of Death, {Give street and number.} 76 Cider al

Cause of Death, First (Primary,) Congestion of Kidneys

Second (Immediate,)

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, December the 15 1877

Undertaker, William James Gray,

Place of Business, No 65 Mulberry st

Lucius M Cochran M. D.
Medical Attendant.

Address, 249 Lee st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mother Sarah Jane Berry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 24 hours ~~Months,~~ ~~Days.~~

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Mother is a Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 142 Arlington Ave (Child)

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 142 Arlington Ave

Cause of Death, First (Primary,) Premature birth Caused by

Second (Immediate,) Carrying a heavy market basket (injured)

Duration of Last Sickness, Twelve hours Six Months in utero

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery C W Cadden M. D.

Medical Attendant.

Date of Burial, Dec 14th 1877

Undertaker, F. A. Kirchner *Address* 130 Arlington Ave

Place of Business, Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

Date of Death, December 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Anno Lastinsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 0 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No 2 Wilhelm st

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} Wilhelm st No 2

Cause of Death, First (Primary,) Spasms Inflamation of the Br...

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Almouns.

Date of Burial, Dec 15th

Undertaker, ... & P Paulus

Place of Business, 60 Frederick Ave,

Saml Sutherland M.D.
Medical Attendant.

Address 582 W Lemmert st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. McGrady (Husband's name)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 90 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Scotland

Duration of Residence in the City of Baltimore, about 70 yrs

Place of Death, {Give street and number.} W. Lombard St. ~~14~~ 157

Cause of Death, {First (Primary,) Second (Immediate,)} old age.

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 15-1877

Undertaker, Wm. H. Hickman

Place of Business, 234 or Gay St.

Balto. Md. Dec 15 1877 *M. D.*

Medical Attendant.

Address Balto. Md. Dispy.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22393,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lennie Fell

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

~~*Age,*~~ ~~*Years,*~~ ~~*Months,*~~ 34 hours ~~*Days*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} East Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 197 Lemmon St.

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 14

Undertaker, C. H. Blizzard

Place of Business, 201 Penna

Louis C. Dr. Fow M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22394

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Alex. Layfield

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. E. cor. E. Ave. & Chesapeake

Cause of Death, First (Primary,) Hydrocephaloid Fever

Second (Immediate,) Coma

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, December 15th 1877

Undertaker, H M Gibmyer

Place of Business, 341 Canton Av.

G. G. Keek M. D.
Medical Attendant.

Address Balt. & Mad. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Stansbury

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* ... *Months,* ... *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 431 N. Central Av.

Cause of Death, {First (Primary,) ... Second (Immediate,) Senile Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 15, 1877

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Aug. F. Erich ... *M. D.*
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th December 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dodge

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 37 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 201 Hanover Mercarriage

Cause of Death, {First (Primary,) Metritis

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 15th 1877

Undertaker, C. F. Krauke *Address,* 57 Hanover

Place of Business, Hanover St

J. H. W. Webster M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Slater

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, Blk. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 178 Rolling St.

Cause of Death, {First (Primary,) Second (Immediate.)} Dead and Stiff - Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Slater Cemetery

Date of Burial, Dec 15 1877

{*Undertaker,* H Hebron
Place of Business, 198 Monroe} *Address*

J. G. Whitshire M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22398.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Leland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Steward

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Temple St

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 15 1877

Undertaker, D Wehrs

Place of Business, 217 E Fayette St

S J Cooper *M. D.*
Medical Attendant.

Address 134 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22399.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Jones

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 101 Hill st.

Cause of Death, {First (Primary,) Bronchilis

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 15th 1877

{*Undertaker,* H. I. Chas

Place of Business, 195 Hanover st

R. M. Hall M. D.
Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22400 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Stanley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* Ten *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} So. Nine Arch St

Cause of Death, First (Primary,) Colic

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Stop 21. burying gd

Date of Burial, Sunday 16th Dec.

Undertaker, Samuel R. Chase

Place of Business, Cor Howard & Hill St.

J. E. Gorsuch M. D.
Medical Attendant.

Address 72 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22401,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

Date of Death, December 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Corkrin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ohio

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and number.} No 27 S. Central Av.

Cause of Death, {First (Primary,) Pulmonary Phthisis / Second (Immediate,) Exhaustion

Duration of Last Sickness, five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec. 16th

Undertaker, M. Rank

Place of Business, 17, 39 Bank

L. C. Mosenitz M. D.
Medical Attendant.

Address 12 S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob B. Meares

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* 11 *Months,* 21 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——————

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 270 E. Broadway

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Pleuro—Pneumonia

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, Dec 15/77

Undertaker, Fry & Lee

Place of Business, 414 to 422 Broadway

Hilton H. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Registrar of Vital Statistics.

Permit No. 24403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

Date of Death, December 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Meyer

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, Five *Years,* eight *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 267 Canton Avenue

Cause of Death, {First (Primary,) Diaphtheria. Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 16th

Undertaker, H Frochlich

Place of Business, 246 Eastern Av

Nicholas [illegible] M. D.
Medical Attendant.

Address 267 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th / 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Casper Riehl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wetzlar Prussia.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} South, Wolfe st. No 114

Cause of Death, First (Primary,) Old Age.

Second (Immediate,) Exhaustion 4 mo's.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 16th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

C. M. Schulte Jr. M. D.
Medical Attendant.

Address S.W. cor. Wolfe st & Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Michel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* × *Months,* × *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number.} 28 N. Durham Ste.

Cause of Death, First (Primary,) Broncho-Pneumonia, double.
Second (Immediate,) Asthenia & Apnoea combined.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'ty

Date of Burial, Dec 16th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av.

J. F. Leonard *M. D.*
Medical Attendant.

Address 26 S Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22406,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Byer

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.} F

Age, Twenty *Years,* — *Months,* — *Days*

Color, White,

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pittsburg

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} # 11 1 Browns Lane

Cause of Death, First (Primary,) I cannot say, a Mrs Schultz had attended her until about forty eight hours before death- I was called to see her she was then in a low typhoid condition

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, I believe she was sick about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 16th 1877

Undertaker, D. P. Paules

Place of Business, 66 Fred. av.

Jas. L. Smithson M.D.
Medical Attendant.

Address, # 884 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

Date of Death, 14th December 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bahnmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 9 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 211 N. Collins st

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) Effusion

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Dec 16th

F. W. Bennett *M. D.*
Medical Attendant.

Undertaker, A P Paulus

Place of Business, 66 Frederick Av *Address* 187 N. Collins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Hammond

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.} Female

Age, 81 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 396 W Fayette St

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,) " Four weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 16th 1877

Undertaker, Geo. F. Loane

Place of Business, 598 W. Balto St

Thomas Opie M.D.
Medical Attendant.

Address, 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 952

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22409.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hahn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, 79 Years

Place of Death, {Give street and number.} 124 Mulliken —

Cause of Death, {First (Primary,) Injury of the right Leg

Second (Immediate,) Erysipelas

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Dec 16. 1877

Undertaker, Frey + Bro

Place of Business, Broadway + Fayette St

L. L. Gross — M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1877 MORE

CERTIFICATE OF DEATH.

Date of Death, Decemb 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gimbert,

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 53 *Years,* 10 *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baden, Germany

Duration of Residence in the City of Baltimore, Twenty Five Years.

Place of Death, {Give street and number.} 31 Dewberry Alley,

Cause of Death, {First (Primary,) Ovarian Tumor.

Second (Immediate,)

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, H. A Ephraim Cem

Date of Burial, 16th of Dec.

Undertaker, D Lippard

Place of Business, 317 Mulberry St.

John A. Frey M.D.
" G. "
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Reed

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, Col

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farm Hand

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland. (Harford Co)

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number.} 104 St Marys St

Cause of Death; {First (Primary,) Chronic Bronchitis

Second (Immediate,) Ascites

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Shap St Cemetery

Date of Burial, Dec 15 1877

Undertaker, John C. Jacobs

Place of Business, 93 Park Ave

W W Arthur M.D.
Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 14/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Eikenberg

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 W. High St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Hope Cemetery

Date of Burial, Dec. 16/77

Undertaker, Wm Barney *Address* 68 N. Front

Place of Business, 136 E. Fayette

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2413,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. Coppington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eighteen *Years,* Eleven *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 70 Centre

Cause of Death, {First (Primary,) Pathitis Intermittent,
Second (Immediate,) Thirteen months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Thomas Coppington M. D.
Medical Attendant.

Date of Burial, 18th Dec. 1877

Undertaker, H. J. M. Deutkins & Son *Address*

Place of Business 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42414,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday — Dec 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~E. E. Barnes~~ Ellen E. Barnes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} Md Home Lady of Broadway

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec. 17, 1877

{*Undertaker,* H. A. Dager

Place of Business, 74 S. Broadway.

Frank D Haven M. D.

Medical Attendant.

Address Md Home of Ladies

N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22415.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilber Scott Ashton

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 7 *Years,* Month, 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 23 Mott.

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Bronchitis,

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Dec. 16th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Geo. H. Wayson M.D.
Medical Attendant.

Address, 18 Fairmount

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22416,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Swann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 281 N. Amity St.

Cause of Death, First (Primary,) Chronic Albuminuria

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends' burial ground.

Date of Burial, Dec. 16th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address*

L. C. Gordon, M. D. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[redacted], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, D Dec 14th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes C Chase

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 17 Arble Alley

Cause of Death, {First (Primary,) Diarrhoea / Second (Immediate,)}

Duration of Last Sickness, 2 or 3 weeks The feeble from birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 15 1877

Undertaker, William Wenger

Place of Business, No 62 East Pratt

Edm D Revable M.D.
Medical Attendant.

Address Corner Bn & P

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22418,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Nathel

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Twenty two *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} Near 125 Exeter St

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 16 1877

Undertaker, Charles B. White

Place of Business, No 35 Gumby st

D. E. Frecian M.D.
Medical Attendant.

Address, 107 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th Dec. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Mueller

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 25 *Days.*

Color, white *Sex,* boy

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 102 Warner st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 Warner st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Western grave yard D. W. Redmann *M. D.*

Date of Burial, Dec 16, Sun Monday Medical Attendant.

Undertaker, Conrad Heiter *Address* 120 Pearl st

Place of Business, No 231 ~~Penitentiary~~ Hendricks St Hendricks

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

Date of Death, Dec 14th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Hines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 55 Parkin St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Meningitis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, St Peters C.

Date of Burial, Dec 16, 1877

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt St

A. Wolf Colburn M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 15 1877 BALTIMORE

Date of Death, Dec. 14, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Catharine Mercer

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Fred'k. Co. Md.

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} 26 S. Gilmor St.

Cause of Death, First (Primary,) Heart Disease (semilunar valves)

Second (Immediate,) Dropsy

Duration of Last Sickness, about 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Dec. 17, 1877.

Undertaker, J. B. Blackistone

Place of Business, 606, Balt St

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 955

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

Date of Death, Dec 15th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Hoffmeister

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 54 N. Greene St

Cause of Death, {First (Primary,) Diphtheritic Croup
Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 17 1877

{*Undertaker,* H Hoffmeister
Place of Business,}

D. G. Keller M. D.
Medical Attendant.

Address 89 Mercer St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F. Lorey

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Booth Street

Cause of Death, First (Primary,) Hemorrhage of Stomach

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec 16th 1877

Undertaker, J. B. Cook

Place of Business, Baltimore St.

James H Stewart M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information from the Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Weber

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 348 S. Sharp St.

Cause of Death, {First (Primary.) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 17

Undertaker, Julius Kibler

Place of Business, Cor Sharp & Pratt

A. Allen M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec - 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Hawkins

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} 13 Wilmot Av

Cause of Death, First (Primary,) Pneumonia — 7 Sterling

Second (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 16th 1877

Undertaker, Chenault & Bro

Place of Business, 341 Pennsylvania Ave

D W Martin M.D.
Medical Attendant.

Address, 192 Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE DEC 16 1877

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm B. Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* (11) Fourteen ~~Days.~~

Color, Mulatto *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born and raised all

Duration of Residence in the City of Baltimore. ———

Place of Death, {Give street and number.} 120 Mercer all

Cause of Death, First (Primary,) Inanitus Vacuitum

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 16 1877

Undertaker, J. M. Crane

Place of Business, 198 Howard St *Address* ——— City

Jno A Steiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE DEC 1877

CERTIFICATE OF DEATH.

Date of Death, Dec 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Robert Shanks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bucks

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 11 Penn Alley

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 16 1877

Undertaker, J. L. Chase

Place of Business, No 198 Howard St

M. H. Turner *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 13 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore December 11th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susannah Nicholson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Eighty Seven *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent Co, Maryland

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number.} No. 169 Henrietta Street

Cause of Death, {First (Primary,) Ulceration and Atrophy / Second (Immediate,) Apoplexy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 16 1877

Undertaker, P H Small

Place of Business, 19 Lombard

L. D. Dyer M. D.
Medical Attendant.

Address, No. 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Roadekin

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Wilmington Del.

Duration of Residence in the City of Baltimore, Ten months

Place of Death, {Give street and number.} N 520 Valley st.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 17th

Undertaker, H. C. Middefeldt

Place of Business, 90 Guenmount Ave

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Steinberger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 1 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} 35 1 Ramsey Street

Cause of Death, {First (Primary,) Consumption (Phthysis)
Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 17th 1877

E Gover, Cox M. D.
Medical Attendant.

{*Undertaker,* Peter P. Paules *Address*
Place of Business, 66 Frederick Ave 289 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Journey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Ala~~ Co Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 169 Hanover St.

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,) Hemorrhage from the Intestines}

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, West River Anne Arundel Co

Date of Burial, Dec 17th 1877

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Herndon Cotts M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22432 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Gaune

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Collector

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 146 Montgomery St

Cause of Death, {First (Primary,) Inflamation of Brain
Second (Immediate,) with effusion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 17th

Undertaker, Armstrong & Army

Place of Business, 203 Light St

Geo. H. Benson M.D.
Medical Attendant.

Address 146 W. Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Benjamin Kibler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Willenberg Germany

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number.} Mt Kimmet 24

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthysis Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Dec 17 1877

Undertaker, John I Pridemore

Place of Business, Cor Seymour and Ann and Monument St

E. E. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary King

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, house keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dublin Irlande

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, {Give street and number.} Home for the Aged Cor. of John and Valley Sts

Cause of Death, {First (Primary,) / Second (Immediate,)} Generel debility — One month

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 18-1877

Undertaker, John J Rodenagen

Place of Business, cor Fremont and Lemmont Sts

Jno Burke Boyle M. D.
Medical Attendant.

Address 416 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22435.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 15th of 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Encarnacion Ley.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Under one 32 *Years,* ..... *Months,* ..... *Days.*

Color, Colored. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Santi Spiritus Island of Cuba

Duration of Residence in the City of Baltimore, Nine years. (Ilegible)

Place of Death, {Give street and number.} Cohen's alley

Cause of Death, First (Primary,) Pulmonary consumption.

Second (Immediate,) .....

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery *Joseph Tyce* *M. D.*

Date of Burial, Dec 17th 1877 Medical Attendant.

Undertaker, J. G. Jordan *Address* N. Eutaw St. 1114

Place of Business, 25 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th Decbr 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Musicus

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 18 years

Place of Death, {Give street and number.} 16 Wagenhals

Cause of Death, {First (Primary,) meningitis / Second (Immediate,) Apoplexie} ab. 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, 18th of Decbr

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St *Address* 57 Wagner Court

C. Pfeiffer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15-Th 11 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah McNeal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 61 Centre market

Cause of Death, First (Primary,) Intussusception.

Second (Immediate,)

Duration of Last Sickness, 35 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery Geo S Reynolds M. D.

Medical Attendant.

Date of Burial, Dec 17 1877

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address* 43 E Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. DEC 17 1877

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 77 (Monday)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer J. Radekin

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 50 Valley st.

Cause of Death, First (Primary,)

Second (Immediate,) Bronchial Catarrh

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 19th

Undertaker, H. C. Weisfield

Place of Business, 90 Guilmont ave

Geo. Brooke Boyle M.D.
Medical Attendant.

Address, 116 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22439. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 Dec 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Berry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} m

Age, 23 *Years,* *Months,* *Days.*

Color, Ber

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 188½ Tyson st

Cause of Death, {First (Primary.) Traumatic Tetanus / Second (Immediate.)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial Dec 17th 1877

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

G H Tansyhill M. D.
Medical Attendant.

Address 129 Wilkedale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Frantz

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 8 *Months,* 4 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 481 N. Gay Street

Cause of Death, {First (Primary.) Catarrhal Fever (Acute Bronchitis)

{Second (Immediate,) Effusion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 18 December

{*Undertaker,* Adam Fink

{*Place of Business,* 401 N Gay St.

J. Hartman M.D.
Medical Attendant.

Address, 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Philip J. Tyson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 1 one. mos *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 170 Linden ave. Balt. City

Cause of Death, First (Primary,) Paralysis

Second (Immediate.)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 18th 1877

Wm H Davis M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 476 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Martin Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number.} 323½ Penna. Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 3 Weeks & 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec 17th 1877

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave

F. P. Christian M. D.
Medical Attendant.

Address 131 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard H Condon

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Property agent

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 656 Lexington st

Cause of Death, { First (Primary,) } { Second (Immediate,) } Accidentally shot with a rifle

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, 18th Dec 1877

Undertaker, H.W. Deuchins & Son

Place of Business, 16 Light St

Geo C Upshur Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1877 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Zimmerman,

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* 21 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 379 Canton Av.

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) Asthenia

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 18th 1877

Wm. H. Tuck M. D.
Medical Attendant.

Undertaker, Geo. Lyster

Place of Business, 252 Canton Av. *Address* 128 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22445,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Xavier Lanet

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 78 Lemm St near Gilmor

Cause of Death, {First (Primary,) ; Second (Immediate,)} Diphtheria

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Ark Ephesus Cemet

Date of Burial, 18 Dec.

Undertaker, P. Kummer

Place of Business, 317 Mulberry St.

H. L. Miller M. D.
Medical Attendant.

Address 87 Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bauman

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Preston St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 E. Preston St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 18th 1877

Undertaker, P. Kummert

Place of Business, Mulberry St

6 Dr L. C. Gerry M.D.
Medical Attendant.

Address, Cor Mulberry & North Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22447.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Burger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balti. Md.

Duration of Residence in the City of Baltimore, 3 years 2 mos.

Place of Death, {Give street and number.} C. H. Schroeder's

Cause of Death, First (Primary,) ; Second (Immediate,) Diphtheria

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, R. Peters Cemetery

Date of Burial, 17 Dec

Undertaker, J. Kümmel

Place of Business, 317 Mulberry St

Address 379 [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Moore

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ or Female

Age, Years, 1 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 184 Scott St

Cause of Death, {First (Primary,) Whooping Cough / Second (Immediate,)}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, 18th Dez: 1877

Undertaker, H. S. Dill

Place of Business, 183. Columbia ave:

I. C. Buck M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Ch. Buddenbohn

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 2 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 244 N. Gallaz St

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Road

Date of Burial, Tomorrow 3 O'clock.

Undertaker, Jacob Muller

Place of Business, 121 Canton Av.

C. A. Buddenbohn M.D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22450,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia R. Hollingshead

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} 62 Lee St,

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 19th 1877

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

P. C. Lee M.D.
~~Medical Attendant~~
Coroner 3, D.

Address, Hanover & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Ridgely

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 2 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 128 Cathedral St

Cause of Death, {First (Primary,) Softening of Brain / Second (Immediate,) Serous effusion

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, W. Laurel Cem

Date of Burial, Dec 18 1877

Undertaker, Edward L. Mann

Place of Business, 36 Park Ave.

C. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22452.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15 - 1877 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not Baptized D. H. Ronsaville & Isabel Ronsaville -

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months,*~~ 5 hours ~~*Days.*~~

Color, White *Sex,* Female -

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lived 4 hours -

Place of Death, {Give street and number.} 260 N. Carey St -

Cause of Death, First (Primary,) Premature Birth at

Second (Immediate,) about 5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet -

Date of Burial, Dec - 17th 1877

Undertaker, Mr. Downs - Supt.

Place of Business, of Mt. Olivet -

John T. King M. D.
Medical Attendant.

Address Edmondson Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 22453

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22453.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

Date of Death, Dec. 15. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Nicolai Sons

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 74 *Years,* 5 *Months,* *Days.*

Color, White ~~Sex,~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tilsen Hanover in Germany.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number.} Barre & Hill.

Cause of Death, First (Primary,) 3 Febris Nervosa Typhoda

Second (Immediate,)

Duration of Last Sickness, 7 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Dec. 18th 1877

Undertaker, Adam Waidemeyer

Place of Business, 578 W. Baltimore Str.

C. H. Lieb M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22,452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Kunigunda Walter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 2 *Months,* 8 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number.} No 125 N. Central ave

Cause of Death, First (Primary.) Typhoid Fever

Second (Immediate.) Paralysis of the Heart

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Centre

Date of Burial, Dez. 18th 1877.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

C. A. Kreuter M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Mokus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Wheelwright

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 119 N. High St

Cause of Death, {First (Primary.) Exposure

{Second (Immediate.) Marasmus & Probable Tuberculosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 18th

Undertaker, Geo Schilling

Place of Business, Ashland Square

G A Tolman M. D.
Medical Attendant.

Address 116 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

Date of Death, 16 December 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis McKinnell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Norfolk Virginia

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 43 Argyle avenue

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Com

Date of Burial, Dec 17

Undertaker, C W Blizzard

Place of Business, 201 Penn av

Thomas Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th December 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* Abt 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 3 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Child very small, deemed to be premature birth,

Second (Immediate,) unable to swallow - dying when received

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec. 18. 1877

Undertaker, Saml Brewer

Place of Business, 152 Division St.

Maburry Brewer M.D.
Medical Attendant.

Address, 201 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 22458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

Date of Death, December 16. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, Dec 18. 1877

Undertaker, Saml Bowser

Place of Business, 152 Division St.

Marbury Brewer M.D.

Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche M. Hood

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 7 *Months,* 13 *Days*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 N. Carey St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 18th 1877

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

Elias C. Price M.D.
Medical Attendant.

Address, Cor. Madison Ave & Preet
John Sts, Md.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22460 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

Date of Death, Dec 17 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Willia

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Accomac Co Va

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 124 Shark St

Cause of Death, {First (Primary,) Acute Phthisis

Second (Immediate,) about 10 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 19th 1877

Undertaker, J Davis

Place of Business, 103 Lee st

[illegible] M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 1 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} S. E. Cor. Fort & Hull Sts

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Congestion of brain

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

DR. J. H. SMITH DEC 17 1877 BALTIMORE, MD.

Place of Burial, Saint Aloysius

Date of Burial, Dec. 18th 1877.

Undertaker, B. Harle

Place of Business, 411 Light Str.

M. D.
Medical Attendant.

Address 108 S. Front St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 REGISTERED

CERTIFICATE OF DEATH.

Date of Death, Sunday 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Klein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Exeter and Pratt

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, M. Peters Bem.

Date of Burial, Dec. 18th 77

Abram B. Arnold, M. D.
Medical Attendant.

Undertaker, H. Stance

Place of Business, 240 Canton ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ician Below, and to List of Diseases on back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22463,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Nugent

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 3 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York.

Duration of Residence in the City of Baltimore, about 8 months

Place of Death, {Give street and number.} 130 Henrietta St.

Cause of Death, {First (Primary,) Membranous Croup.

Second (Immediate,)

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 18th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

J. H. White M.D.
Medical Attendant.

Address, Balt. Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...special attention of Registrars is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22464.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 BALTIMORE

Date of Death, Decbr 10th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lewis Kuhlend

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, 4 *Years,* 2 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 366 E. Eager Street

Cause of Death, {First (Primary,)} Scarlatina

{Second (Immediate,)} Hyperpirexia & Adenitis

Duration of Last Sickness, Fro (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, December 12. 1877

Undertaker, Henry Hauck

Place of Business, 309 Central Ave

S. W. Shower M.D.
Medical Attendant.

Address, E. & Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...pecially attend to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 16 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Crumell

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Age 69 *Years,* — *Months,* *Days*

Color, Black

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md all her Life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Raburn St No 219

Cause of Death, {First (Primary,) Second (Immediate,)} Dropsy 3 month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18 77

{*Undertaker,* S W L Chase

Place of Business, 191 S Howard St} *Address,*

T Wood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22466,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Benjamin Carter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 *Years,* *Months,* 11 *Days.*

Color, Color *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter & Builder

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 8 Yrs

Place of Death, { Give street and number. } 1 Saratoga St.

Cause of Death, { First (Primary,) General Debility

{ Second (Immediate,) "

Duration of Last Sickness, four Months, from Sept

All the above information should be furnished by the Physician.

Place of Burial, Old Cath. Cy. Lot Mon. St.

Date of Burial, Dec. 19/77.

Undertaker, Stewart & Mayer

Place of Business, 35. Park Av. Address 59 N. Eu

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hany Jones.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 21 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Hack.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give street and number. } 461 N. Caroline St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate.) }

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem A. Tinsley M. D.

Date of Burial, Dec 18 Medical Attendant.

Undertaker, C. H. Blizzard *Address* 386 Druid Hill Ave

Place of Business 201 Pchan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Babet Haat

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baden Germany

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} 34 Hanover St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Pets Third Cemetery

Date of Burial, Dec 18th 77

Undertaker, Wm Gilson

Place of Business, 101 Gough St

Abram B. Arnold M.D.
Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Boed

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 4 *Months,* 1 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Witzenhausen, Germany

Duration of Residence in the City of Baltimore, 29 ~~years~~

Place of Death, {Give street and number.} 258 South Charles-ste.

Cause of Death, First (Primary,) Carbuncle

Second (Immediate,) Pyemi

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Dez 19th

Undertaker, Henry Briele

Place of Business, Harriett St 81

F. Adolph Buchen, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Myers

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 7 *Years,* *Months,* 11 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Akron Ohio

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} S E Cor Calhoun & Saratoga sts

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 18th 1877

Undertaker, F. A. Kerchner

Place of Business, Cornelian Av

M. Rogers M.D.
Medical Attendant.

Address, S W Cor Fayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, Dec 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Ann Jones

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 71 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co. Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 42½ N Pratt St

Cause of Death, { First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery, J W Mc Conn *M. D.*

Date of Burial, December 19th 1877 Medical Attendant.

{ *Undertaker,* Jacob Wilson *Address* 85 Fayette St.

{ *Place of Business,* Nos 14 & 16 Bond St Hill Store

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16-1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Spencer L. Pearce -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* 9 *Days.*

Color, Mulatto. *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth -

Place of Death, {Give street and number.} 258 Raburg St -

Cause of Death, First (Primary,) Consumption of the Lungs -

Second (Immediate,) Asthenia

Duration of Last Sickness, Two years -

All the above information should be furnished by the Physician.

Place of Burial, Mount St Evacuty

Date of Burial, December 16

Undertaker, William A. Lingan

Place of Business, 10 Hebron Alley

John J. King - M. D.
Medical Attendant.

Address 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Brophy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* ——— *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, Peddler of Retares

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 28 E Fells

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent-Cemetery

Date of Burial, Dec 19th 1877

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

Abram B Arnold M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE

Date of Death, Dec. 16th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Elliott Mullikin

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 43 *Years,* 11 *Months,* 16 *Days.*

Color, white,

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Sail Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and number.} Church Home & Infirmary

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Exhaustion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 18. 1877

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

Geo. Glanville Cook M.D.
Medical Attendant.

Address Balt. & Hach. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE.

Date of Death, December 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Doberer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 115 N. Eutaw St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Dec 20th 1877

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

S. T. Knight M. D.

Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...especially invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22476.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1877 BALTIMORE

Date of Death, Dec 17. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Dahl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 8 Addison Alley

Cause of Death, First (Primary,) Diphtheria (Laryngeal)

Second (Immediate,) Asphyxia

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Dec. 19. 1877

Date of Burial, F. A. Thomas Cemetery

James Bosley *M. D.*
Medical Attendant.

Undertaker, George Sappan

Place of Business, 12 Penna Avenue

Address Cor: Hollins & Monument Balto, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

Permit No. 22477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Silberzahn

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} No 437 N. Gay st.

Cause of Death, {First (Primary,) Gastro Intestinal Catarrh / Second (Immediate,) Purpura Haemorrhagica}

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 21

Undertaker, Geo Schilling

Place of Business, Pratt square

L. C. Horn, M.D.
Medical Attendant.

Address, No 226 Mulberry st
for 3 W.N.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Maria Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 83. McHenry St —

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,)}

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Dec 20

Undertaker, J Boop

Place of Business, 707 West Baltimore

Edwd F. Michiland M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Markward

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 228 S. Fremont Ave

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Pneumonia

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Boston Cemetery

Date of Burial, Dec 19th 77

Undertaker, F. N. Zell

Place of Business, 131 Hanover St

C. L. Budden M.D.

Medical Attendant.

Address, 166 S. Fremont

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22480.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

Date of Death, December 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Connolly.

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, 22. Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 216 N Front St Ca'y

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 246 N Front St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Congestion

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 19 1877

Undertaker, Jos P Byrne

Place of Business, 43 Fremont

Edward J Nelson M. D.
Medical Attendant.

Address 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...spection of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22481,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Kaiser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 3 Stockholm St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Thompson St Cemetery

Date of Burial, Dec 19 1877

Undertaker, William Monroe

Place of Business, No 40 Fockdale Alley

Jno. D. Blasse M. D.
Medical Attendant.

Address 148 Scott St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22482, 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Williams

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, 81 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Cor Franklin & Fulton

Cause of Death, First (Primary,) Cancer Uteri

Second (Immediate,) debility

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 20th 1877

J. R. Uhler M. D.
Medical Attendant.

Undertaker, Wm S Thacher

Place of Business, No 150 Camden st *Address* 234 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22483,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Rile

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... 3 *Months,* ..... 21 *Days*

Color, whit

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 189 S. Durham st

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Inanition

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetry

Date of Burial, Dec 19th 1877

Undertaker, H C Koehler

Place of Business, 246 Easton Ave

R. W. Manfield *M. D.*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter H. Butler

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Keeper of Sailor Boarding House

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St. Marys Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Court' bet. Saratoga & Mulberry (near corner of St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption 3 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20. 1877

Undertaker, Samuel W. Chase

Place of Business, 70 S Howard St

R. V. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 22485

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Brown

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Sixty Seven *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, House keeping

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ellicotts city Howard Co, Md

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} No 257, Montgomery St

Cause of Death, {First (Primary,) Cancer; Second (Immediate,) Atrophy}

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 19. 1877

Undertaker, Samuel Webster

Place of Business, 524 Howard St

Baltimore City *M. D.*

J. D. Dyer
Medical Attendant.

Address, No 46 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

Date of Death, December 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Keenan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 3 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 315 Myrtle avenue

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Suffocation from deposit of membrane

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 19

J. E. Gibbons M. D.
Medical Attendant.

Undertaker, James P Byrne *Address* 47 Edmondson Ave

Place of Business, 63 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec: 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Brenner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 N. Glenn St.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Dec 20th 1877

Undertaker, P. Kennedy

Place of Business, 317 Mulberry

H. Lewis M. D.
Medical Attendant.

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Shute

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* One month *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 19 Chestnut Alley,

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Pseudo-membranous Croup.

Duration of Last Sickness, Two days.

All the above Informatinn should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 20. 1877

Undertaker, John McBoull

Place of Business, 99 Pearl st

A. C. Pole *M. D.*

Medical Attendant.

Address No 1 Dandridge

Between Fayette & Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 22489

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1877 BALTIMORE

Date of Death, Dec. 18th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Kreiss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 120 Raburg Street

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Chas. M. Neff M. D.

Medical Attendant.

Date of Burial, Dec. 20th

Undertaker, P. Kummel

Place of Business, 317 Mulberry St. *Address* 306 N. Fraylich St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1877-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ann King-

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 6 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westmoreland Co. Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 307 N. Stricker street

Cause of Death, First (Primary,) Old age

Second (Immediate,) Congestion of Brain-

Duration of Last Sickness, 12 hrs-

All the above information should be furnished by the Physician.

Place of Burial, St Johns Waverly

Date of Burial, Dec 21st

E. H. Holbrook *M. D.*
Medical Attendant.

Undertaker, W. E. Chenowith

Place of Business, Cor Penn Ave & Mosher sts *Address* 327 Lanvale st-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 22491

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 20 1877 HEALTH DEPARTMENT BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decr 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Illegitimate Mary M[illegible]

Sex, Male or ~~Female~~, { ~~Cross out~~ the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 5 — *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ____

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 72 S Dallas

Cause of Death, { First (Primary,) Cerebral Congestion / Second (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem[illegible] F. E. Hooks M. D.

Date of Burial, Dec 20th 1877 Medical Attendant.

{ *Undertaker,* C. Shuck

{ *Place of Business,* E. Balt St Address 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 22492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

Date of Death, December 19 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Parks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 666 Light St

Cause of Death, {First (Primary,) Hypertrophy of the heart & Spleen
Second (Immediate,) Phthisis with Dropsy

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 20th 1877

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

Theodore Cook M. D.
Medical Attendant.

Address 246 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22493.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Spurrier

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* White 9 *Months,* 20 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor. Myrtle Av. & George Pl

Cause of Death, {First (Primary,) Second (Immediate,)} Inanition 1 Month.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 21st 1877

Undertaker, John Meacher

Place of Business, No 150 Canden St

J. W. C. Cuddy M. D.
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 22494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19/77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Akers

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ~~ Years, ~~ Months, 1/2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Christian Avenue

Cause of Death, First (Primary,) Cyanosis from Malformation of Heart

Second (Immediate,) Cyanosis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Falls County

Date of Burial, Dec 20th 1877

Undertaker, J W Weaver

Place of Business, 129 N Paca st

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ion, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

Date of Death, Dec: 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Weaver

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Undertakeress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 & 6 Druid Hill Ave.

Cause of Death, {First (Primary,) Pneumonia & Abscess / Second (Immediate,) Absorption of Pus & deposit in Brain 26 days

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 22nd 1877

Undertaker, Jacob Weaver

Place of Business, No 4 & 6 Druid Hill Avenue

W. B. Tiffitt M. D.
Medical Attendant.

Address 60 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Rule for Use of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22496c

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Pickerl

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Clark Ln.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) 5 Wks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va.

Date of Burial, Dec 20 — 1877

Undertaker, J. B Blackistone & Son

Place of Business, 606 Balt St

J. W. C. Cudy, *M. D.*
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 957

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Lewy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 45 Barnes st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, December 20, 1877

Undertaker, Henry Bloch

Place of Business, 309 Central ave

S. Mullen M.D. Medical Attendant.

Address 12 S Ann st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Dec 19th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Duckat

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, Three (3) *Years,* Five (5) *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 307 N. Canal Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheritis

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, Dec 21/877

Undertaker, Henry Hook

Place of Business, 309 Central Ave

Wm Selmer M.D.
Medical Attendant.

Address E. Cor Aisquith & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ferred to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tyler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 17 *Days.*

Color, ... W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 215 Chew

Cause of Death, First (Primary,) Found corpse in bed (navel untied) a very cold + adopted by Mrs Tyler, who named it [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, December 20th 1877

Edm. H. Walker M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 S. Gay St.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Willie Wolfert~~ December 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wolfert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Nine *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Twenty one months

Place of Death, {Give street and number.} Madison Alley

Cause of Death, First (Primary,)

Second (Immediate,) Pseudo Membranous Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. T. P. McCormick M. D.

Date of Burial, Dec 20. 1877 Medical Attendant.

Undertaker, F. Hofmann, *Address* 454 Madison Ave.

Place of Business, 63 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ovr

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. DEC 1897 BALTIMORE.

Permit No. 22501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decemb 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Dirback

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 4 *Years,* 5 *Months,* 15 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 170 Preston

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Oedema glottidis,

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, H. Alfhendrus Cemetery

Date of Burial, 21 of Dec.

Undertaker, L. Kimmel

Place of Business, 317 Mulberry St.

L. Fittram M.D.
Medical Attendant.

Address, 137 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22502.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Merryman

Sex, Male or Female, {Cross out the words not required in this line.} ~~Female~~

Age, 72 *Years,* 10 *Months,* ——— *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~

Occupation, Millwright

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll Co., Md

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 626 Smith St

Cause of Death, {First (Primary,) Hypertrophy of Heart

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Hampsted Carroll Co Western M & R R

Date of Burial, Dec 20

Undertaker, C W Bizzard

Place of Business, 201 Lee ave

J. J. Scully M.D.
Medical Attendant.

Address, 206 S. Eutaw St

Ct.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 956

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule of [illegible]

Board of Health, City of Baltimore,

Permit No. 22503

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry W Chalmers

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Waesche St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) " Ten days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Dec 21st 1877

Thomas Opie, M.D.
Medical Attendant.

Undertaker, J J Chalmers

Place of Business, 262 Pennsylvania Address, 396 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Pocius.

Sex, ~~*Male or Female,*~~ {Cross out the words not required in this line.}

Age, ... *Years,* 14 *Months,* 26 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Druid Hill av.

Cause of Death, {First (Primary,) Capillary Bronchitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 20th 1877

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Av.

Louis D. Frey M.D.
Medical Attendant.

Address, 22 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Irene G. Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 40 Fairmount Avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 8 months Visited twice

All the above information should be furnished by the Physician.

Place of Burial, Bolte cemetery

Date of Burial, December 21st 1877

Undertaker, Hughes & Lee

Place of Business, 65 S Broadway

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, Sixteen Year

Place of Death, {Give street and number.} Washington Hospital

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 20 1877

Undertaker, The J. Lock

Place of Business, 56 Jefferson

X. H. C. Dixon M.D.
Medical Attendant.

Address Washington Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Riggs

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color ~~red~~

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Blakes Court No 2

Cause of Death, {First (Primary,)} Hereditary Predisposition

{Second (Immediate,)} Consumption

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Ararat

Date of Burial, Dec 21st 77

Undertaker, Theodore J. Locke

Place of Business, 56 Jefferson st

E. C. Baldwin *M. D.*
Medical Attendant.

Address 124 n. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 22508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9 day 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diana Sjams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, colored

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 93 Sec th

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 20 1877

Undertaker, J S McChase

Place of Business, 161 E Howard st

R. M. Hall M.D.
Medical Attendant

Address 262 E. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22509

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Alverta Spencer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Nine *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Waters Court

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetry

Date of Burial, Dec 20th 1877

Undertaker, John C Gordon

Place of Business, No 63 Park Ave *Address* 93 N Green St

J. J. E[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22510

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dicky

Sex, ~~Male~~ or ~~Female~~, {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Last Year

Place of Death, {Give street and number.} 2459 E Baltimore st

Cause of Death, {First (Primary,) Puerperal Peritonitis

Second (Immediate,)

Duration of Last Sickness, About 25 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Dec. 21st 1877

Undertaker, Grey & Bro

Place of Business, Broadway & Fayette

Ridgway Dodd M.D.
Medical Attendant.

Address, 1711 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22571,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert B. Larmor,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty five *Years,* *Months,* *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chronometers and nautical instr.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland,

Duration of Residence in the City of Baltimore, Fifteen years,

Place of Death, {Give street and number.} 261 corner Broadway & Thames St.

Cause of Death, {First (Primary,) Intemperance & Erysipelas,

{Second (Immediate,) Five ~~Days~~ days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemtry

Date of Burial, Dec 21th 1877

Undertaker, Peter Frey

Place of Business, 91 Eden St

Nicholas L. Mitchell M.D.
Medical Attendant.

Address 267 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22512

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Decbr. 19th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Fuiker

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 28 *Years,* 10 *Months,* 17. *Days*

Color, Colute

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Musician

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 134 Aisquith Street

Cause of Death, First (Primary,) Insufficiency Valv. Mitralis

Second (Immediate,) Pulmonary Oedema

Duration of Last Sickness, Four (4) years.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew United Cemetery

Date of Burial, 21st of Dec. 1877

Undertaker, W.H. Eilau

Place of Business, 101 Gough St

T. W. Smith M. D.
Medical Attendant.

Address, E. Of Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22573,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lowly

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* 24. *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 104 Chestnut St

Cause of Death, {First (Primary,) Spasm (Laryngeal)

Second (Immediate,) Asphyxia

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 22d

Undertaker, Wilson & Simpson

Place of Business, 62 East St

Saml Bell M.D.
Medical Attendant.

Address, 139 N Eutaw St City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Ann Russum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 5 Months, 15 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Watson St

Cause of Death, First (Primary,)

Second (Immediate,) Pulmonary Bronchitis

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 21st

Undertaker, William A. Young

Place of Business, 62 East St

Charles H. Pierce M. D.
Medical Attendant.

Address 80 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st October 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Berz

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 66 *Years,* 7 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number.} little Mc Elderry St. 47

Cause of Death, First (Primary,) ...

Second (Immediate,) Consumption

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 23d/77

Fred. Kufs M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Aisquith Square *Address* ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19/77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} I dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) D

Second (Immediate,) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, E Publ bementery

Date of Burial, Dec 20

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, City Charles Streyer

Place of Business, Pratt & Chester Sts *Address* 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 22517

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irena Calves

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 S. Washington St

Cause of Death, {First (Primary,) Cold & Exposure

{Second (Immediate,) Convulsions

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y

Date of Burial, Dec 24th 1877

Undertaker, Thos. J. Locke

Place of Business, 56 Jefferson St

James H. Steuart M.D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22578.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Grace

Sex, Male or Female, {Cross out the word not required in this line.} [redacted]

Age, 2 *Years,* 2 *Months,* 21 *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 40 Shuter St

Cause of Death, {First (Primary,) [blank] Second (Immediate,) Convulsions probably

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Dallas bem

Date of Burial, Dec 21 1877

Undertaker, Theo J Sodrs

Place of Business, 50 Jefferson

Edmund Rwolka M. D.
Medical Attendant.

Address Coroner M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22579.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Emerson Hamilton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* Two *Months,* Five *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 180 E Pratt St Baltimore

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) do

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Sematary

Date of Burial, Dec 22d

Undertaker, J W Weaver

Place of Business, 1211 E. Pasa St

J. M. Fox *M. D.*
Medical Attendant.

Address, 154 Pine Avenue Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22520, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Wheeler Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty four *Years,* one *Months,* ..... *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 95 S. Amer st.

Cause of Death, {First (Primary,) ... Consumption,
Second (Immediate,)

Duration of Last Sickness, Twelve months,

All the above information should be furnished by the Physician.

Place of Burial, Green st. Cemetery

Date of Burial, Dec. 21st 1877

{*Undertaker,* M. A. Daiger
{*Place of Business,* 74 S. Broadway.

Nicholas [illegible] M. D.
Medical Attendant.

Address 217 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1877 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Morton Risner.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 29 Low St.

Cause of Death, {First (Primary,) Dysentery:
Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 23 - 77

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

Edward R. McDavitt M. D.
Medical Attendant.

Address 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22522.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec: 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 7 *Months,* 17 *Days.*

Color, Black *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washing clothes

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 26 Bond Street

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) " "

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Locust Grove

Date of Burial, Dec 22. 1877

Undertaker, J. C. Jones

Place of Business, No 62 Park st

W. H. Thilson M. D.
Medical Attendant.

Address 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22823, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Ray Beatty,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 Years, 10 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School-boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Northumberland Co. Va.

Duration of Residence in the City of Baltimore, nine years,

Place of Death, {Give street and number.} 225 Hanover St.

Cause of Death, {First (Primary,) Rheumatic Fever,
Second (Immediate,) Pyaemia,

Duration of Last Sickness, two months,

All the above information should be furnished by the Physician.

Place of Burial, Locust Grove Va

Date of Burial, Dec 21st 1877

Undertaker, E. N. Toll

Place of Business. 131 Hanover St

G. Glanville Keech M. D.
Medical Attendant.

Address Balt. & Hach. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Funeral 959

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

Date of Death, Dec. 20. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Myers,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Cor. Saratoga & Calhoun sts,

Cause of Death, First (Primary,) Diphtheria,

Second (Immediate,) Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Dec 21st 1877

J. L. Ingle M. D.
Medical Attendant.

Undertaker, F. A. Kerchner

Place of Business, 80 Carroll Av *Address* 247 Lawrence St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 22525

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,	Dec 21st 1877
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}	Elizabeth. Glaser
Sex, Male or Female, {Cross out the words not required in this line.}	Female
Age, 14 *Years,* 5 *Months,* *Days*	
Color,	White
Married, Single, Widow or Widower, {Cross out the words not required in this line.}	Widow
Occupation,	Housewife
Birthplace, {State or country (and how long in United States, if of foreign birth.)}	Germany
Duration of Residence in the City of Baltimore,	27 Yrs
Place of Death, {Give street and number.}	146 Wolf st
Cause of Death, First (Primary,)	Asthma & Hemmorrhoids
Second (Immediate,)	Hemmorrhage
Duration of Last Sickness,	5 days

All the above information should be furnished by the Physician.

Place of Burial,	Balto Cemtry
Date of Burial,	Dec 23rd 1877
Undertaker,	H. Froehlich
Place of Business,	246 Eastern Av

Thos. B. Latimer M. D.
Medical Attendant.

Address, 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kathrina Paine

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 2 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore -

Duration of Residence in the City of Baltimore, Life -

Place of Death, { Give street and number. } 123 Franklin St

Cause of Death, First (Primary,) Cyanosis -

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, One Day -

All the above information should be furnished by the Physician.

Place of Burial, Peachum Vt

Date of Burial, Dec 24 1877

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

W H Reguelin *M. D.*
Medical Attendant.

Address, W Fayette & Liberty Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 960

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward C. Rochford

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. W. Cor. Lanvale & Hanford Sts

Cause of Death, First (Primary,)

Second (Immediate,) Scarlet fever

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Convent

Date of Burial, Dec 22 1877

Jno. Burke Boyle M.D.

Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 Hanover St

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L Nelsepard

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 429 S. Gay St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 24th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 S. Gay St

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintendiug the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

Date of Death, Dec 21 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rich Jun. Negro

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 10 *Months,* ..... *Days.*

Color, Mr

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 368 Hanover

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Intussus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 23 1877

Undertaker, Charles H Herold

Place of Business, 161 Hanover Street

Edmund M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22530,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Reilly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 5-0 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (all his life)

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 67 Scott St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, 23

Undertaker, Hughes & Co

Place of Business, Cor Lib Camd & Hoyle *Address* 98 N Gilmor

J H E Nadler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2253/.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Isaacs

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 9 *Months,* ~ *Days*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} ** 2 Walker's alley

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23 1877

Undertaker, Wm N. Dunger

Place of Business, East St.

James H Lewis M.D.

~~Medical Attendant.~~

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson [SANITARY INSPECTOR.]

Board of Health, City of Baltimore,

Permit No. 22532 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Araminta Bordley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* 20 *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Always.

Place of Death, {Give street and number.} # 53. China St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) "

Duration of Last Sickness, About Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel Cemetery~~

Date of Burial, ~~December 23d~~

{*Undertaker,* ~~Robt. Oakes.~~

{*Place of Business,* No. 180 Mts. St

L. A. Bell M. D.
Medical Attendant.

Address 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. ~~2 2 0 3 6~~ 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

#22533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Annie H Cullum Died December 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie H Cullum

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Maried

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore. Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} N E cor John & Dallis Sts.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 23rd/77

Undertaker, Geo Schilling

Place of Business, Ashland Square

D Webster Cattell M. D.
Medical Attendant.

Address 21 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Case.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 11 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, Nine Years.

Place of Death, {Give street and number.} Back # 2 China St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) " "

Duration of Last Sickness, About one Year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22 1877 S. A. Bell M. D.

Medical Attendant.

Undertaker, S. M. Colburn Address 161 Sharp St

Place of Business, Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22535.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Brooks

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 18 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 202 Lee St —

Cause of Death, {First (Primary.) Pulmonary Consumption / Second (Immediate.)}

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 22d 1877

Undertaker, John A Mackie

Place of Business, No 150 Camden

Edwd. F. Michaelson M. D.
Medical Attendant.

Address 279 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22836,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Rister

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 56 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 461 N Calhoun st

Cause of Death, First (Primary,) .....

Second (Immediate,) Supposed to be Heart disease

Sudden death.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Balto co

Date of Burial, Dec 23,

Undertaker, C. H. Blizzard

Place of Business, 201 Penn av

Geo C Gyle Coroner M.D.
Medical Attendant.

Address, 224 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barnard McGuire

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Moline Co. Fermanagh

Duration of Residence in the City of Baltimore, over twenty years

Place of Death, {Give street and number.} Home for the aged Cor.. of John and Valley sts

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, 23 Dec 10 Oclock

Undertaker, Joseph Lodemayer

Place of Business, 38 Eastern Ave

Jno Brooke Boyle M. D.
Medical Attendant.

Address 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schulting

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S.E. Cor Elliott & Canton Sts

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 22nd 1877

Undertaker, M. Schilling

Place of Business, Elliott & Canton

James H Slemons M.D.

Attending Physician.

Address. Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Wareman Sanitary Inspector

OVER

...Board of Health, City of Baltimor...

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 22539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janet Glendale Lowe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 / *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cumberline Scotland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 165 N. Exeter St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) ...

Duration of Last Sickness, 16 Months

All the above information should be furnished by the Physician.

Place of Burial, Newark New Jersey

Date of Burial, Dec 23rd 1877

Undertaker, Thos L Hughes

Place of Business, 60 E Balto

A. C. Stein, *M. D.*
Medical Attendant.

Address 195 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 961

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec^r 22^nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. A. Tate

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 65 Camden St.

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) Dropsy

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 29th 1877

Undertaker, F. N. Troll

Place of Business, 131 Hanover St

R. C. Lee M.D.
Medical Attendant.

Address Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 22 BALTIMORE

Permit No. 22544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22d 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Boyd Malwood

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, ~~1~~ *Years,* 14 *Months,* 22 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Howard Co Md

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} 131 Gilmor St

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 23/97

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St

James H Mears M.D.
Medical Attendant.

Address, 93 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 22572

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael R. Greenwell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 N. Bolling[illegible] Ave

Cause of Death, First (Primary,) Suffocative Catarrh

Second (Immediate,) Asphyxia

Duration of Last Sickness, Twenty-four hours,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cem'y

Date of Burial, Dec 23 1877

Undertaker, Fry & Bro

Place of Business, Broadway

G. Glanville Rush M.D.
Medical Attendant.

Address Balt. & Wash Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Joseph Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 3 *Months,* 11 *Days.*

Color, Dark *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} N° 57. Booth St~

Cause of Death, First (Primary,) ~~1st~~ ~~Whoop~~ Pertussis.

Second (Immediate,) Acute Pneumonia.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, December 23d

E. W. Gorden M. D.
Medical Attendant.

Undertaker, Wilson & Dwyer

Place of Business, 10 Hayden Alley

Address 413. W. Fayette.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Lanier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Professor of Music

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Naples

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} # 6 Waverley Terrace

Cause of Death, First (Primary,) Senile Decay

Second (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 24th Dec 1877

Geo H Dyster M. D.
Medical Attendant.

Undertaker, A J McDerkins & Son *Address* 1 Waverley Terrace

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22575.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine L. Pascal,

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Nun

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 38 Years.

Place of Death, {Give street and number.} 44 E. Penn St

Cause of Death, {First (Primary,) Consumption of the Lungs,

{~~Second (Immediate.)~~

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Phila Pa

Date of Burial, Dec 24th 1877

Undertaker, Hughes Fed

Place of Business,

J. N. Hunck M.D.
Medical Attendant.

Address, 35 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his of her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Brantz Woodworth

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 31 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63 Aliceanna St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Nervous exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial,

Undertaker, Eliaz A. Powder agent

Place of Business, No 412 W. Lexington

J. M. McKenzie M.D.
Medical Attendant.

Address, 55 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 22547

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 22^nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno H. Glenn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 203 Wamburg St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23th 1877

Undertaker, Hercules Ross

Place of Business, 110 & 112 Hill St

R. C. Lee M. D.
Medical Attendant.

Address Wamburg Bar. St

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22548 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles William Tucker,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years.~~ 3 hours. ~~Months.~~ ~~Days.~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 300 Franklin St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 300 Franklin St.

Cause of Death, First (Primary,) Umbilical Hemorrhage.

Second (Immediate,) Umbilical Hemorrhage.

Duration of Last Sickness, 3 hours -

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet.

Date of Burial, Dec 23. 1877.

H. P. Morgan M. D.
Medical Attendant.

Undertaker, Armstrong & Drury

Place of Business, Cor Light & Montgomery. *Address* 175 Saratoga St.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22549

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jones

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 291 E. Madison St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis. / Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, December 24th 1877

{*Undertaker,* Wright Bro. / *Place of Business,* 54 N. Broadway

Aug. F. Eyrich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustina Cooper

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~ 10 ~ *Years,* ~ 2 ~ *Months,* *Days*

Color, ~ Colored ~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 12 Thont St

Cause of Death, First (Primary,) Gangrene of the Lung

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Thomas J Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE.

Date of Death, Dec 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angelina Peles

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 75 *Years,* 8 *Months,* 14 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Russia

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number.} 76 Sterling St

Cause of Death, {First (Primary,) Cardiac Disease

Second (Immediate,) Dyspnea.

Duration of Last Sickness, Four weeks Complaining

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch'r'd. Wm Whitridge M.D.

Date of Burial, 24th December

Undertaker, Adam Fink

Place of Business, 461 North Gay.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Leach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No. Eldey St near First St.

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Paralysis of Brain

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, In E[illegible] Gilds Road

Date of Burial, Dec 23d 77

Undertaker, Fry & Bro

Place of Business, 54 W Baltimore

E. L. Bruns *M. D.*
Medical Attendant.

Address No. 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

Permit No. 25553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis T Nicholson

DEC 23 1877 HEALTH DEPARTMENT BALTIMORE

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Central Ave & Granby St

Cause of Death, {First (Primary,) ... Second (Immediate,) Marasmus

Duration of Last Sickness, 4 Mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 24th 1877

Undertaker, Wm H. Hickman

Place of Business, 234 N Gay St.

I. H. Emmy *M. D.*
Medical Attendant.

Address 26 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Garner

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.} — —

Age, — *Years,* 7 *Months,* *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 83. N. Dallas St.

Cause of Death, {First (Primary,) Bronchitis Capillary

Second (Immediate,) Asphyxia

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Dec 23rd 1877

Undertaker, Father

Place of Business, 83. N. Dallas St

W. B. O'Reilly *M.D.*
Medical Attendant.

Address, 235 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22555 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

Date of Death, December 21 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma B. Harpen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Born Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 93 Fork St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 23rd

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Thurston Bate M.D.
Medical Attendant.

Address 144 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Sweett

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 41 *Years,* 3 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brakeman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} Gosweiler's Office Ridgely St
Residence 64 Parrish St "

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) 15 Minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery Hd'nwd Co

Date of Burial, Decemb 24

Undertaker, Block

Place of Business, 707 West Balto

R. C. Lee M.D.
Medical Attendant. Coroner S.D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 962

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

Date of Death, Dec 21st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Brown.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 283 N Stricker St.

Cause of Death, First (Primary,) Cancer of Breast.

Second (Immediate,)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Dec. 23. 1877

Undertaker, M. A. Daigh

Place of Business, 74 S. Broadway

Marcus D. Hamer M.D.
Medical Attendant.

Address 288 N. Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Carper

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days*

Color, Blk

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Chambermaid

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New Orleans

Duration of Residence in the City of Baltimore, 14 Yrs

Place of Death, {Give street and number.} 446 W. Saratoga St

Cause of Death, {First (Primary,) Consumption / Second (Immediate,) (of Lungs)}

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, Spring St. Cemetery

Date of Burial, Dec 23. 1877

Undertaker, [redacted] W Ethan

Place of Business, 1124 Howard St

Thos M Cashman M. D.
Medical Attendant.

Address, 324 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Virginia Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 4 *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs. 10 wks + 4 days

Place of Death, {Give street and number.} 163. Pine St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, 2 wks. 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 23. 1877

Undertaker, J. W. Elmore

Place of Business, 153 S Howard St

Eldridge C. Price M. D.
Medical Attendant.

Address 262. Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 22560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT DEC 24 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Haines

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 48 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Fulton st N. Fulton

Cause of Death, First (Primary,) Death by Long Continued Intemperance

Second (Immediate,) Chronic Diarrhoea

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 24th 1877

Undertaker, Joseph F Byrne

Place of Business, 69 n Liberty

J. Ridgely Dade M.D.
Medical Attendant.

Address, 121 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Von Geo. Westenberger

~~Sex,~~ *Male or ~~Female~~,* { Cross out the words not required in this line. }

Age, ——— *Years,* 3 *Months,* 21 *Days*

Color, White

~~*Married*~~, *Single*, *~~Widow or Widower~~*; { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore Md

Duration of Residence in the City of Baltimore, 3 yrs 5 Mo

Place of Death, { Give street and number. } 113 N. Schroeder st

Cause of Death, { First (Primary,) Erysipelas / Second (Immediate,) }

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 24th 1877

{ *Undertaker,* P. Kummel / *Place of Business,* 311 Mulberry }

Louis Mc Cahusey *M. D.*
Medical Attendant.

Address, 322 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore,

Permit No. 22562 OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

Date of Death, December 23rd. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis John Benjamin Myers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* 10 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Horse mail

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 9 Fell Street

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, Apoplexy 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 25th.

Undertaker, H. Fockler

Place of Business, 246 Eastern Av

James E. Donnelly M.D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22563. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 23d 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schott.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} N. W. cor. Light & cross st.

Cause of Death, First (Primary,) Apoplexy.

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Dec 26th 1877

Undertaker, J. L. Cook

Place of Business, 1707 W Baltimore

J. E. Harrington M.D.
Medical Attendant.

Address 324 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Green

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, — 1 — *Years,* — 7 — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 21 Boston St

Cause of Death, {First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, — 24 Hours —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 24. 1877

{*Undertaker,* Henry Linder

Place of Business, 854 Canton Ave,

Thomas P. Evans M. D.
Medical Attendant.

Address 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 22565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Pell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Anthony's Asylum, Central Ave.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Scarlatina

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Co

Date of Burial, December 24, 1877

Undertaker, Henry Hook

Place of Business, 389 Central Ave

John F. Monnier M. D.
Medical Attendant.

Address S. W. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22576.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Loring Hoa

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* 5 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 223 N. Eutaw St.

Cause of Death, {First (Primary,) Diphtheritic Croup} {Second (Immediate,) Exhaustion}

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, December 25 1877

Thomas Shearer M. D.
Medical Attendant.

Undertaker, Jacob Shaver

Place of Business, 486 Druid hill Ave *Address* 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta Stuart

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, Three *Years,* one *Months,* Thirteen *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} # 602 W. Pratt St

Cause of Death, {First (Primary,) Congestion of Lungs

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bethaebel Cemetery

Date of Burial Dec 24th 1877

Undertaker, Geo E. Lowe

Place of Business, 598 W. Balto St

J. F. Linthicum M.D.
Medical Attendant.

Address, # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22568.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arelume Savoy

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 5 *Years,* ——— *Months,* ——— *Days*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 22 Parish all S. Monroe

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 24 1877

Undertaker, S. Wehman

Place of Business, 98 Howard St

Louis McCahan M.D.
Medical Attendant.

Address, 319 Park

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 22569.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} 45 Moores alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Lawsuchurch

Date of Burial, Dec 24. 1877

Undertaker, S. McShane

Place of Business, 18 Howard

C. Marcus M. D.
Medical Attendant.

Address 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Connelly Wall

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 7 M 1 Years, *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Harford County, Md

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 62 George St Baltimore Md

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Do Do

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 25th 1877

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave

A. C. Fiti M.D.
Medical Attendant.

Address, 1544 Penal. Ave. Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 22571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bocht

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Nine *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 145 Candeap

Cause of Death, First (Primary,) typhoid fever

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 24th 1877

Undertaker, John Thacher

Place of Business, No 150 Camden

Address Thorp & Boyd

D. Albers M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 22572,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Clokey

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 153 South Eden st.

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 24. 1877

Undertaker, M. A. Dwyer

Place of Business, 44 S. Broadway

John F. Monnonier M. D.
Medical Attendant.

Address S. W. Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Woodworth

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 66 *Years,* 1 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63 Wagram St

Cause of Death, {First (Primary,) Exhaustion & Perforation

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount. Cemy

Date of Burial, Dec 24th 1877.

Undertaker, Chas. A. Zonder Agent

Place of Business, No 412 W. Lexington

Wm M Kemp M.D.
Medical Attendant.

Address, 55 Wagram

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 22574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21 st. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Billy Sowder

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 12 *Years,* — *Months,* — *Days*

Color, Black

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert County

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number.} No. 15 Elbow Lane

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem.

Date of Burial, Dec 24th 1877

Undertaker, F. A. Kerchner

Place of Business, 50 S. Carroll St

J. T. Sledge M. D.
Medical Attendant.

Address, Balt. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Register of Births, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 22575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Faines

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 11 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 61 S. Canal St

Cause of Death, {First (Primary,) ... Second (Immediate,) Catarrh

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 24 1877

{*Undertaker,* Hoy & Mears
Place of Business, 115 N Gay St

A Sherfey M. D.
Medical Attendant.

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore.

Permit No. 22576

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Lacher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 68 N Washington

Cause of Death, First (Primary,) ...

Second (Immediate,) Dysentery

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician. Under my care nine days

Place of Burial, Mt Olivet Cemetery

Date of Burial, December 25th

A Hugo Shurtz M.D.
Medical Attendant.

Undertaker, John Hennig.

Place of Business, 386 Caton Ave.

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22577.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 one 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Ball

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 10 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Basin foot Johnson st, Res 46 Lurch st.

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Drowned

Duration of Last Sickness, Struck

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 24 1877

Undertaker, J. A. Kerchner

Place of Business, Carrollton

P. C. Lee M.D.

Medical Attendant.

Address, Canton S. D. Harbor & Bank 86

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna R Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1059 South St

Cause of Death, First (Primary,) Cholera

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24th

Undertaker, Wm Frazier

Place of Business, 60 East St

Saml Scott *M. D.*

Medical Attendant.

Address 1059 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22579.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate & Ulrich Sun (Parents)

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 S. Chapel St

Cause of Death, First (Primary,)

Second (Immediate,) Spasms

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 27th 1877

Undertaker, A Kohler

Place of Business, E. Lombard St

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by C. Weinman Sanitary [illegible] Inspector

Board of Health, City of Baltimore,

Permit No. 22580

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eight 1 *Years,* *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, B

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 604 Plum Alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26 1877

J J Shultz M. D.
Medical Attendant.

Undertaker, J H Weaver

Place of Business, 169 Howard *Address* 260 S. Eutaw st

Daily ent

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary W. (John A Creadick (Parents

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days*

Color, Colored

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 537 S. Howard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24th 1877

Undertaker, Sam'l W. Chase

Place of Business, S. Howard St

M. D.

Address, Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Carroll Sanitary Insp'r

OVER

Board of Health, City of Baltimore,

Permit No. 22582 OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. McPherson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Entire Lifetime

Place of Death, {Give street and number.} 56 Fairmount Avenue

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetery.

Date of Burial, Dec. 25th 1877

D. Webster Bartlett M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address* 21 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lucas Baird

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, ... *Years,* One *Months,* Twenty three *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. High st 17

Cause of Death, First (Primary,) .....

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 25th 1877

Undertaker, Jno D Hughes

Place of Business, 60 E Balto

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22584 OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

Date of Death, 23th Decem 1877 at 9. o Clock ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nickolaus Höffler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,* German

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, a Kupfler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baveria

Duration of Residence in the City of Baltimore, No 330 Canton av. 30 years

Place of Death, {Give street and number.} Trinity Church Cemetery

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 26th Dec 1877

Undertaker, Henry Stevens

Place of Business, 252 Chatham Pl Address

Dr. Charles Koerner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22585

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1877 BALTIMORE

Date of Death, 23 December

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George A Neary

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one year *Years,* 3 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore 121½ Franklin St

Cause of Death, First (Primary,)

Second (Immediate,) Croup

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, October 24th 1877

Jas Montgomery *M. D.*
Medical Attendant.

Undertaker, Harry Arnold

Place of Business, 201 Baltimore Ave *Address* 3 Hanover Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 22586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1877 ...MORE

Date of Death, Dec. 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Connor

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, —— *Years,* Nine *Months,* — *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City —

Duration of Residence in the City of Baltimore, 9 mos —

Place of Death, {Give street and number.} 64 Block St.

Cause of Death, First (Primary,) ...

Second (Immediate,) Asphyxia.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Dec 26

Undertaker, W C Watchman

Place of Business, 191 S Bond St

D. C. Ireland, M.D.
Medical Attendant.

Address, Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Fitzsimmons

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 71 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchester, Va

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 46 N Fremont St

Cause of Death, First (Primary,) Cardiac Disease

Second (Immediate.) Dropsy

Duration of Last Sickness, Over three years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Rolla Sheny M. D.

Date of Burial, 25th Dec/77 Medical Attendant.

Undertaker, John McCord *Address* 189 N Howard St

Place of Business, 40 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22588,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mamie Fisher

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 13 *Years,* *Months,* *Days.*

~~Color~~, *Sex,* Female

~~Married~~, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. }

~~Occupation~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 29 E. Balto St.

Cause of Death, { First (Primary,) Acute Laryngitis / Second (Immediate,) }

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 25

S. H. White, M. D.
Medical Attendant.

{ *Undertaker,* C. H. Blizzard / *Place of Business,* 201 Ben av } *Address* 241 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22589,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Setzer

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 25 *Years,* 1 *Months,* 16 *Days*

Color, white

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation, bookkeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Strasburg. Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 28 S. Frederic St.

Cause of Death, First (Primary.) Pulmonary Phthisis.

Second (Immediate,) General Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26th

Undertaker, Geo Schilling

Place of Business, Ashland & Lemmon

Henry Setzer M.D.

Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Night Dec 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Bowne,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Saddler & Harness Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Adams Co. Pa.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} # Chased St near Eaton St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Cachexia,

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician

Place of Burial, Lafayette Square

Date of Burial, Dec 25th 1877

Undertaker, George Suffrau

Place of Business, 12 Fifth Ave

Signed Wilmer Brent M. D.
Medical Attendant.

Address 25 E Saratoga St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 963

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Black

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va.

Duration of Residence in the City of Baltimore, about five years

Place of Death, {Give street and number.} Corner of Caldwell & Eden Alley

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Sub-acute catarrhal pneumonia

Duration of Last Sickness, Six or eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, Dec 25th 1877

Edm. A. Muth M. D.
Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 N Front St *Address* N. Eden St, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 22592

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24; 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Rebecca Hopkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Eighty Five *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} N. E. Cor. N. Ann & Millinan Sts.

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Road Cemetery

Date of Burial, Dec. 26/77

{*Undertaker,* Chas Rossing

{*Place of Business,* 136 E Fayette St.

Wm H. Cleudinin, M. D.
Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23d 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Koenig

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the words not required in this line.}

Age, 15 *Years,* 11 *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 182 N. Gay St.

Cause of Death, {First (Primary,) Contusio medullae oblongatae

Second (Immediate,) (produced by a heavy fall) & Congelatio

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, Dec 26th 1877

Undertaker, Hy W. Mears

Place of Business, 46 N Gay St

J Flatten M.D.
Medical Attendant.

Address, 174 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 2 Edmondson Court

Cause of Death, First (Primary,) Fever & Teeth, Fits &c

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 26

Undertaker, Joseph Cook

Place of Business, 707 West Pratt Address

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Lambert,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* 8 *Months,* *Days.*

Color, white,

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Germany~~ Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 47 S. Castle St.

Cause of Death, First (Primary,) Abortion (eighth month)

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 25 Dec 1877

Undertaker, C. Eckhart

Place of Business, 269 Canton Ave

G. Glanville Rusk M.D.
Medical Attendant.

Address Balt. & Mulb. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ACADEMY OF MEDICINE DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Lewis

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Sixty nine *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None Saxe meiningen Germany

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, About Thirty nine years

Place of Death, {Give street and number.} No 312 N Donnoughue St

Cause of Death, {First (Primary,) Bronchial Consumption

Second (Immediate,) Seven Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dezember 26th 1877

Undertaker, Philipp S. Dill

Place of Business, 183 Columbia Ave

D L Caven M.D.
Medical Attendant.

Address, 87 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Joseph Carter~~ December 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Carter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70. *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clay Digger

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Federal Hill

Cause of Death, {First (Primary,) ... Second (Immediate,) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26 1877

Undertaker, Armstrong & Sons

Place of Business, # 263 Light St

Thomas Corbin M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Downey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* Eight (8) *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Burgundy Court

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Burgundy Court

Cause of Death, First (Primary,) Trismus Neonatorum

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. Dr. D Blake M. D.

Medical Attendant.

Date of Burial, DEC. 26 1877

Undertaker, Armstrong & Penny

Place of Business, ~~#~~ 263 Light St *Address* 129 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oftener if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Ingerson d/as Forgerson (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10½ Days ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 226 Sharp St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Premature Birth

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 26th

Undertaker, A. H. Denny

Place of Business, Cor Monlgomery & Light

Thereon Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Bailey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No - Parish alley Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No - 1. ~~Biddle Alley~~ - Chesnut alley

Cause of Death, First (Primary,) Marasmus Infantis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 25th 1877

Undertaker, T. A. Kerchner

Place of Business 50 Carrollton av

Robt W. Mifflin M. D.

Medical Attendant.

Address No. 87 No. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

Permit No. 22601,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Matilda Cawman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 287 Hoffman St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Dec 27th 1877

Undertaker, Newell & Mowen

Place of Business, 35 Park Ave.

C Winslow M. D.
Medical Attendant.

Address 23 W Cullohill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 Dec. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip Buetner

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* 4 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 177 N. Franklin St

Cause of Death, { First (Primary,) Dypth Bronchitis / Second (Immediate,) Croup

Duration of Last Sickness, Twenty hours under my care

All the above information should be furnished by the Physician.

Place of Burial, Mt Moriah Cemetery

Date of Burial, 27 Dec 1877

Dr. H. Heldmann M. D.
Medical Attendant.

Undertaker, P. Kummert

Place of Business, 111 Butchery Ave *Address* 120 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22603.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

Date of Death, December 24th, 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Bootze

~~Sex,~~ *Male* ~~*or Female*~~, {Cross out the words not required in this line.}

Age, ... *Years,* Two *Months,* 4 Seven *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 156. S. Paca - Room in Rear

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,) Obstruction to Respiration -

Duration of Last Sickness, One month -

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 26th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Van D. Garrett *M. D.*
Medical Attendant.

Address, 158 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 12 mo 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grace Mc Loughlin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ___ *Years,* ___ 11 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 28 N Fremont St

Cause of Death, First (Primary,) Measles.

Second (Immediate,) Pneumonia

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 26th

Undertaker, Wm J. Fickner

Place of Business, 65 S. Eutaw

W R Riley *M. D.*
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thomas Dean

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* & some *Months,* *Days.*

Color, *Sex,*

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co'y

Duration of Residence in the City of Baltimore, about 50. years

Place of Death, {Give street and number.} Baltimore Co'y 241 Franklin Street

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 27th 1877

Wm H. Davis M. D.
Medical Attendant.

Undertaker, Foss-

Place of Business, Price St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 26 BALTIMORE

Date of Death, December 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Guyn Jr. (Guyn)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 314 N. Gilmor

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Albuminuria from congestion of kidneys

Duration of Last Sickness, Twenty two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Jno. R. Quinan M. D.

Medical Attendant.

Date of Burial, Dec 26th 1877

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* 680 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22607.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents Sylvester and Emma Poole

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} both males. Twins

Age, one two hours ~~Years,~~ (one eight hours) ~~Months,~~ ~~Days.~~

Color, brown (*Sex,*)

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 10 State St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 10 State St.

Cause of Death, First (Primary,) Twins born about the eighth month

Second (Immediate,) immature;

Duration of Last Sickness, might almost be called stillborn,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Dec 26 1877

Undertaker, W M Chase

Place of Business, 611 E Howard st *Address*

Dr W. P. Morgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

22608

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvester & Ennie Poole (Twins) (Parents

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* 8 hours *Months,* ——— *Days*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 State Street

Cause of Death, {First (Primary,) Premature birth

Second (Immediate,) immaturity.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 25th 1877

Undertaker, S. M. Chase

Place of Business, S. Howard St

W. P. Morgan M. D.
Medical Attendant.

Address, ——— (for Home)

Copy

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Ennis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* 3 *Months,* X *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} West Virginia

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number.} 254 West St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Pulmonalis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26 1877

{*Undertaker,* 15 W Chase

Place of Business, 15 1/2 S Howard St

DR. J. H. SMITH DEC 25 187 BALTIMORE MD

M. D.
Medical Attendant.

Address 108 E. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Bundy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 260 S. Howard st

Cause of Death, {First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. H. Cemetery

Date of Burial, Dec. 26 1877

{*Undertaker,* J. S. Wilson

Place of Business, No 17 E. Howard st

R. M. Hall M. D.
Medical Attendant.

Address 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22611,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jacob Reigelsperger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 yrs 8 Months 12 days

Place of Death, {Give street and number.} 711 Lombard Street

Cause of Death, First (Primary,) "Tuberculous Meningitis"

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 27 1877

Jno G. Holyday M. D.
Medical Attendant.

Undertaker, John P Poulus

Place of Business, 66 Frederick Ave

Address (Envelope Co. Balto, Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline A. Bryan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Maryland

Duration of Residence in the City of Baltimore, Nearly all of life

Place of Death, {Give street and number.} 410 Light St

Cause of Death, First (Primary,) Enlargement and induration of liver.

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 27 1877

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, C. Chase & Howard

Place of Business, 61 Hanover St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible], City of Baltimore,

Permit No. 22613.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT DEC 26 1877 BALTIMORE MD

Date of Death, Dec 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen B Sweeny (Sweeny)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Fifty yrs

Place of Death, {Give street and number.} 195 Columbia Ave

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 26th 1877

Undertaker, Wm H. Loane

Place of Business, 578 W Balto St *Address* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1/1

Permit No. 22614,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decemtr 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hellena Hatchinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 42 — Years, — 7 — Months, — 9 — Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} — Russia —

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No 207 Washington st (North)

Cause of Death, {First (Primary,) Hyperthrophy of the Heart — Dropsy —

{Second (Immediate,)

Duration of Last Sickness, — 10 Months —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 26 1877

Undertaker, Henry Snyder

Place of Business, 151 Charles st

Thomas D. Evans M.D.
Medical Attendant.

Address 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Adams

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 41 Leslie

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26 1877

Undertaker. Wm H Wood

Place of Business, 99 Saratoga

Jas A. Gilkins M. D.
Medical Attendant.

Address, 152 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Aloysius Mills

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* — *Months,* 8 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 218 N. Chester St. City

Cause of Death, {First (Primary,) Inflam

{Second (Immediate,) Convulsions

Duration of Last Sickness, About 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, 25. Dec 1877

Undertaker, Henry Weaver

Place of Business, 22 or Fayette

W. T. Scarff M.D.
Medical Attendant.

Address, 611 Charles St.
Balto City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. #22617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Justis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Light Coffee

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 1 year + 3 months

Place of Death, {Give street and number.} 39 Londa Ct

Cause of Death, First (Primary,) Teething

Second (Immediate,) Hydrocephalus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 28

Undertaker, Wm. F. Bishop, Jr.

Place of Business, 97 Druid Hill Ave.

B F Bahrer M.D.
Medical Attendant.

Address Cor Dolphin & Pope sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

Date of Death, Dec. 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 322 S. Bond St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Uraemia.

Duration of Last Sickness, Do not know, saw her just previous to death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 27

Undertaker W. C. Warkman

Place of Business, 322 Bond St

James D. Shaw M. D.
Medical Attendant.

Address 88, Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Jones

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 19 *Years,* —— *Months,* —— *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Port Deposit Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 31 Druid Hill Ave

Cause of Death, {First (Primary,) Second (Immediate,)} Consumption

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit

Date of Burial, Dec 26th 1877

Undertaker, H. A. Beshaw

Place of Business, Druid Hill Ave

Ernest A Stewart M.D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Wareman Sanitary Inspector

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22620,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec^r 25 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Müller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 11 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 502 N Washington St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 27th

Undertaker, Geo. Schilling

Place of Business, 1st and Lyon

Elges Walls M. D.

Medical Attendant.

Address 179 Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 December 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 10 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, From admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec. 27. 1877

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Marbury Brewer M.D.

Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22622,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stanton Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* Eleven *Months,* nine *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 277 East Biddle St

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 277 East Biddle St

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Diphtheria

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, Dec 27

Undertaker, George Schilling

Place of Business, cor Hs yard & monument sts

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & No Eden sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supinteuding the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Harvey

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, One *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #178 Central Ave.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Eclampsia

Duration of Last Sickness, 15 Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 27th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 S. Gay St.

Geo. A. Hartman M.D.
Medical Attendant.

Address, 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katurah Campbell Merryman

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Eighty One *Years,* Eight *Months,* Twenty nine *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent County Md.

Duration of Residence in the City of Baltimore, About Seventy Years

Place of Death, {Give street and number.} #39 Lexington St.

Cause of Death, {First (Primary,) Dropsy (General)

Second (Immediate,) Pneumonia

Duration of Last Sickness, Dropsy for Years — Pneumonia five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, December 27th 77

Undertaker, C. H. Blizzard

Place of Business, 201 Penna Ave

J. G. Smithson M.D.
Medical Attendant.

Address, # 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26 77.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harris.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, / *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, and his Life.

Place of Death, {Give street and number.} 165 W Lanvale St

Cause of Death, {First (Primary,) Dentition. Second (Immediate,) Convulsions,

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Dec 28 77

Undertaker, J Hook

Place of Business, 1177 N Gilmor Street

John L. R. Ritz M.D.
Medical Attendant.

Address. City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charley Hummel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 2 *Years,* 10. *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 14 Warren St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 4 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 28th 1877

Thurston Cook M. D.
Medical Attendant.

Undertaker, Chas. C. Kachler

Place of Business, Baltimore & Eutaw sts

Address 146 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. DEC 27 1877

Permit No. 22127.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Vinup

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 17 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 62 Mc Elderry

Cause of Death, {First (Primary.) Typhoid fever

Second (Immediate,) .....

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, Dec 27th 1877

Undertaker, K. Eckhardt

Place of Business, 269 Canton ave

D. G. Rauch M.D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22628,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Mueller

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 42 S. Wheatsfield st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sowrill cemetery

Date of Burial, Dec 27. 1877

Undertaker, John M. Lab

Place of Business, 59 S. Wolf st

J. Kenny Shea M.D.
Medical Attendant.

Address, 1212 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalah Chambers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 15 Clant alley

Cause of Death, {First (Primary,) Second (Immediate,)} Pneumonia

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Shrup[illegible] Cemetery

Date of Burial, Dec 27th 1877

Undertaker, Abraham Wayman

Place of Business, 50 Druid Lane

Thos. Cooke M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22630,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brighton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Amity St. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 Paris St.

Cause of Death, First (Primary,) —

Second (Immediate,) Pneumonitis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. C. Schnier M. D.

Date of Burial, Dec 29 1877 Medical Attendant.

Undertaker, S. F. Chase

Place of Business 188 S Howard St *Address* 626 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Carter

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chestnut st No 129

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28, 1877

Undertaker, S. W. Chase

Place of Business, 18 S. Howard st

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22632,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 26 Dy 6 15 A M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Obert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 8 *Months,* 4 *Days.*

Color, White.

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Married wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 39 h Central Av

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) underlying Cause two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 27

Undertaker, W. Dippel

Place of Business, S. Bond st 151

N Thierty MD M. D.
Medical Attendant.

Address 113 Hyde St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22633,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

Date of Death, Dec. 26. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Orrins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} # 248 Penna Ave

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Fatty tumor

Duration of Last Sickness, Fifty minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. McNiell M. D.

Date of Burial, December 28th 1877 Medical Attendant.

Undertaker, John A. Weaver

Place of Business, # 22 W. Fayette St *Address* 201 West Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Margareth

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 1 *Years,* 6 *Months,* 20 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 26 S. Chapel st.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cimetery

Date of Burial, December 28th 1877

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.

L. L. Daniel, M.D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Kilpert

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 11 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 410 Cross st.

Cause of Death, First (Primary,) Varicella

Second (Immediate,) Cold. Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec. 28 2 o'clock

D. L. Buddenbohn M.D.
Medical Attendant.

Undertaker, John Teufel

Place of Business, 616 W. Balto. St.

Address. 410 C. S. Point

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Daniels.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Two *Years,* One *Months,* Eighteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 216 Mulberry St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Pulmonary Hemorrhage.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, December 28th 77

Undertaker, Rau & Bartlett

Place of Business, 62 & 64 W. Balt St.

J. C. Fox M.D.
Medical Attendant.

Address, 154 Penna Avenue Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L. Moreland

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* 16 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Prince Co. Md.

Duration of Residence in the City of Baltimore, 42 yrs.

Place of Death, {Give street and number.} 948 East av.

Cause of Death, {First (Primary,) Congestion of Brain
Second (Immediate,)} 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 28. 1877

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

C. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24. 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareth Brand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, had none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} No. 6 Eden St. Corner Strangulated hernia

Cause of Death, First (Primary,) Hernia Crurales incarcerata

Second (Immediate,) 3

Duration of Last Sickness, as I heard 2 weeks (no attending Physician)

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery = Iraproad

Date of Burial, Dec 28/77

Undertaker, H. C. Wiedefeld *Address* 16 N. Eden st.

Place of Business, 90 Grummount Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 27 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Spichnall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty four *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No. 71 N. Shroder Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Dec 28 - 1877

{*Undertaker,* J. R. Blackistonsson

{*Place of Business,* 606 Butt St

Chas M. Neff *M. D.*
Medical Attendant.

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Stiker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Mary's Co Md

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 41 1/2 S. Caroline Street

Cause of Death, First (Primary,) Hypertrophy of liver

Second (Immediate,) Dropsy

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28th " 1877

Undertaker, The F. J. Loeks

Place of Business, No 65 E. Jefferson st.

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. McMahon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 8 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 452 Light

Cause of Death, {First (Primary,) Typhoid

{Second (Immediate,) " Relapse

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 29th 1897

Undertaker, Charles F. Hood

Place of Business, 1 Eastern Ave

Sherdon Cook M.D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bo

Permit No. 22

The Physician who a
out, to the Undertaker or
sooner, if requested so to
No Pe

#22602

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen L Hart

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} *Age,* 3 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 N. Exeter St

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) 1 month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, Dec 27th 1877

{*Undertaker,* H. W. Jenkins

Place of Business, Light St

M. D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22642,

The Physician who a... *out*, to the Undertaker or ... sooner, if requested so to ...

No Pe...

Date of Death, ...

Full Name of Decea...

Sex, ~~Male~~ or *Female*, ...

Age, ...

Color, W...

~~*Married*~~, *Single*, ~~Wid...~~

Occupation, ...

Birthplace, {State or cou... long in U... of foreign b...

Duration of Residen...

Place of Death, {Give...

Cause of Death, {Firs... / Sec...

Duration of Last Si...

All the above informat...

Place of Burial, C...

Date of Burial, D...

{*Undertaker*, H... / *Place of Business*...

Extract from ...

date of death — dec 27th /77

Name — Ellen L. ...

age — 3 months

Color — White

Birthplace — City

Place of death — 3 f N. Exeter

Cause of death — Marasmus

Duration of Illness. — 1 month

Attended M.D.

Place of Burial Cathedral Cemetery

Undertaker H W Dukes & Son

16 Light St

22642

DEPARTMENT OF HEALTH DEC 28 1877 BALTIMORE

SECTION 2. And be it ... the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22643,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 Lemon a 27 Dec 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Bergen

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the words not required in this line. }

Age, 37 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow ~~*Widower,*~~ { Cross out the words not required in this line. }

Occupation, Porter

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number. } 15 Lemon a

Cause of Death, { First (Primary,) Consumption / Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Mary's cemetery

Date of Burial, December 29

Chas C Thomas M. D.
Medical Attendant.

{ *Undertaker,* J P Ecott / *Place of Business,* 707 West Baltimore St } *Address,*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] Health, City of Baltimore.

Permit No. 22644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Haigley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 435. W. Lombard

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)}

Duration of Last Sickness, About 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Ver[illegible] Cathedral cemetery

Date of Burial, Dec 29th 1877

{*Undertaker,* [illegible]

Place of Business, No 707 W. Baltimore Street}

Edwd L. Mitchell M. D.
Medical Attendant.

Address 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 Dec. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 147 Hanford avenue

Cause of Death, First (Primary,) Sudden

Second (Immediate,) Spasm

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec. 29. 1877

Undertaker, Saml Brown

Place of Business, 156 Division St

Marburg Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Adler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Washington Univ Hospital

Cause of Death, First (Primary,) —

Second (Immediate,) Cancer (Scirrhus)

Duration of Last Sickness, 17 m.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 29th 1877

Undertaker, Jacob Weaver

Place of Business, 426 Druid Hill Ave.

Chas H. Keyser M.D.
Resident Physician
Medical Attendant.

Address Wash Univ Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[redacted] Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1897 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hauer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 Lindall St

Cause of Death, {First (Primary,) Diphtheritic Croup 7 days

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Johns Cemetery

Date of Burial, Dec. 29th

Undertaker, [illegible]

Place of Business, 411 Light Street

Address 17 Hanover av

H B Noble M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
28
1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kahn

Sex, ~~Male~~ or ~~Female~~, {Cross out the words not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 96 N. Wolf St

Cause of Death, First (Primary,) Cancer of Uteras

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Swartz Cem.

Date of Burial, Dec. 30th '77

Undertaker, Michael Shance *Address,* 1 Broadway E

Place of Business, No 280 Gay St

by Wm. L. Purnell M.D.
Medical Attendant.

Madison St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 28 1877 BALTIMORE MD.

Permit No. 22649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Richards

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 42 N. O'Donnell St

Cause of Death, {First (Primary,) Cold

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fleet St Cem. James A Steuart M.D.

Date of Burial, Dec 29 1877

Medical Attendant.

{*Undertaker,* H. M. Gilmore *Address,*

Place of Business, 341 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[SEE.] Investigation by. E. Wenman — Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 85 Hamstead St

Cause of Death, First (Primary,) Fatty degeneration of Kidneys

Second (Immediate,) Uraemia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery W. N. Hill M. D.

Date of Burial, Dec 29th 1877 Medical Attendant.

Undertaker, Jas P. Boyle

Place of Business, Front St *Address* 31 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas M. Bristow

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 42 *Years,* — *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 20 S Eden St

Cause of Death, First (Primary,) Abscess of Lung

Second (Immediate,) Rupture of Abscess internally

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 29th 1877

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

G A Dohme M.D.
Medical Attendant.

Address 86 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22652,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emellie M. Russell

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ~~Years,~~ *Months,* 9 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 379 N. Central Ave

Cause of Death, {First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 29 1877

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Ave

James A Lucas, M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Carroll - Sanitary Inspector [6 Wd.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22653.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th December 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Brack

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* ½ *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. Corn. Eaton & Carroll st

Cause of Death, {First (Primary.) / Second (Immediate.)} Death's Effects

Duration of Last Sickness, ab 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 31 Dec 11 O'clock

Undertaker, George C Rodenmayer

Place of Business, 38 Eaton st

C Hoffmann, M.D.
Medical Attendant.

Address, 57 N Regester st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27 — 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline V Colson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Twenty 7 *Years,* *Months,* *Days*

Color, Wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 72 Robert St

Cause of Death, {First (Primary,) Enteric Fever

Second (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 30. 1877

Undertaker, Jas C Justice

Place of Business, 1265 Park Av

D. G. Rieu M.D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, DEC. 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cornelia O'Donnell

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.} Female

Age, 30 *Years,* 7 *Months,* 24 *Days*

Color, White

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 361 W. Fayette St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Six "months"

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, DEC 30th 1877

Undertaker, Chenoweth & Co

Place of Business, 341 Lombard

Thomas O'Pie M.D.
Medical Attendant.

Address, 398 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 13 *Days.*

Color, Mulatto — *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 90 Lyon St

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} 90 Lyon St

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Apnoea —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 29 1877

Undertaker, William J Gray *Address* 1110 Madison St

Place of Business, No 65 Mulberry st Corner of Park St. Baltimore

B W Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22657.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maranda Downes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} not known

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 88 Camden St

Cause of Death, {First (Primary,) Cancer of Uterus
Second (Immediate,) 18 Mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 30th 1877

{*Undertaker,* John Mackie
Place of Business, 16 150 Camden

A Hewes M. D.
Medical Attendant.

Address 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Goods

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 6 or 7 years

Place of Death, {Give street and number.} Bridge Street Crossing a R Road

Cause of Death, {First (Primary,) Accidental fall from train / Second (Immediate,) Rail Road Injury}

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 29 77

Undertaker, W. H. Dunger

Place of Business, East St

Address Comm n O. S

Edm Pierce M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Davis d Geo Palmer

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Clarret Alley

Cause of Death, {First (Primary,) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, N. Balto Cemetery

Date of Burial, Dec 29th 1877

James A Steuart, M.D.
~~Medical Attendant.~~

Undertaker, F. A. Kirchner

Place of Business, Carrollton Ave

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

Investigation by — William Carroll — Sanitary Inspector

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22660,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th December 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmine Dietzemil.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 8 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 43 N. Grundy St.

Cause of Death, First (Primary,) Scarlet fever.
Second (Immediate,)

Duration of Last Sickness, six days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Co. Cemetery *M. D.*

Date of Burial, 30th December Medical Attendant.

Undertaker, Jr. Gaede *Address* 42 N. Broadway

Place of Business, 29 S. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

Date of Death, December 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Royden Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 134 Sharp st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 234 Sharp st

Cause of Death, First (Primary,) Catarrh. Fever

Second (Immediate,) Meningitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 30th 1877

Undertaker, Mr Lancaster

Place of Business, Carolin & Linear Eagle

Geo. N. Gibson M.D.
Medical Attendant.

Address 134 E Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22662

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1877 BALTIMORE HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, December 28th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Muller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Eighteen *Years,* Five *Months,* Twenty five *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 190 S. Broadway.

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)}

Duration of Last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec. 30th

Undertaker, Henry Kunder

Place of Business, 253 Hanover St

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Bond

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, Colored *Sex,* Girl

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Moores Alley 2.

Cause of Death, {First (Primary,) / Second (Immediate,)} I never saw case only once - + dont know cause of death.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 30th 1877

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill Ave

R. Winslow M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Night Dec 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nettie Outten

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware,

Duration of Residence in the City of Baltimore, Last Year

Place of Death, {Give street and number.} Holland & Edmondson Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis & Pneumonia

Second (Immediate,) Asthma

Duration of Last Sickness, Five Years,

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Dec 30th

Undertaker, H.C. Middlefeldt

Place of Business, 90 Greenmount Ave

Wm Boston *M. D.*
Medical Attendant.

Address 425 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22665,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbery Ballenfield

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 43 *Years,* 10 *Months,* - *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 35 years.

Place of Death, {Give street and number.} 98 Leadenhall

Cause of Death, {First (Primary,) Second (Immediate,)} Cancer of the Uterus

Duration of Last Sickness, 4 years. confined to bed four months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 30th 1877

Undertaker, Julius Kuehler

Place of Business, Stark & Eutaw Sts.

R. J. N. Tall M.D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1917 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily C Tidy

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 4 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 207 N Calvert St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 30

Undertaker, James P Byrne

Place of Business, 63 Johns St

Wm. Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sanders.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 82 *Years,* 3 *Months,* 3 *Days*

Color, Wh —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number.} 33 Warren Av.

Cause of Death, {First (Primary.) / Second (Immediate,)} Chronic Bronchitis.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 31st 1877

Undertaker, Armstrong & Deny

Place of Business, # 263 Light St

Dr. R. J. H. Tall M.D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or singie) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 / 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Helen Cooksey

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~, 3 weeks ~~Months~~ and three Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 188 N. Calvert St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} as above

Cause of Death, First (Primary,) Erysipelas.
Second (Immediate,) & Lawlessness

Duration of Last Sickness, 7 days -

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem. F. E. Chatard M. D.

Date of Burial, December 30. 1877 Medical Attendant.

Undertaker, Henry Cook

Place of Business, 229 Central Ave. *Address* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. DEC 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec: 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvia Hamburger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 ~~10~~ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 162 Lexington St

Cause of Death, {First (Primary,) Second (Immediate,)} Tubercular Meningitis two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hamburg's Lot Cemetery

Date of Burial, Dec. 30th

{*Undertaker,* Chas. Hollander & Bro. *Address* Cathedral St.
Place of Business, 220 W. Pratt St.

Libby Jenkins M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Seafana Griffin

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 39 *Years,* *Months,* 3 *Days*

Color, ~~Col~~

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Little McElderry 21 No 84

Cause of Death, First (Primary,) ....

Second (Immediate,) Scrofula

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 30

Undertaker, William A Dunyne

Place of Business, 62 East St

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Johnson - Col^d

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 - *Years,* *Months,* *Days.*

Color, Dark - *Sex,* Male.

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Dray man -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Maryland

Duration of Residence in the City of Baltimore, Seventy two years.

Place of Death, {Give street and number.} 14 Sterling St.

Cause of Death, First (Primary,) Chronic Rheumatism & Bronchitis.

Second (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 29 1877

E. W. Gordon M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, No 35 Granby st *Address* 413 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sweets

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 24 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Plasterer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 528 N. Gay St

Cause of Death, First (Primary,) Lung Fever

Second (Immediate,) —

Duration of Last Sickness, About Eight Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 31 1877

Undertaker, Las P Bayne

Place of Business, 63 Fairmt

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McCann

HEALTH DEPARTMENT DEC 30 1877 BALTIMORE

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 481 Sharpe st.

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Westminster. M. D.

Date of Burial, Dec 31, 1877,

Undertaker, Mears Rosenberg

Place of Business, 136 E. Fayette

Jno. Burke Boyle M. D.
Medical Attendant.

Address, 16 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 965.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 31 1877 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth O'Keefe

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 70 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto md all her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41 Smiths Alley

Cause of Death, {First (Primary,)} Scrofula

{Second (Immediate,)} Debility

Duration of Last Sickness, Several years with a running Sore Leg

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 31st 1877

Undertaker, W. H. Dickinson

Place of Business, Gay St

James A Steuart M.D.

Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robt Jackson Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30/77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Maus

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 2 *Months,* 10 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 150 Barre St.

Cause of Death, {First (Primary,) Marasmus.

Second (Immediate,) Never been well.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 31st 1877

{*Undertaker,* Fred. C. Sill

Place of Business, 131 Hanover St.

H. R. Fetterhoff M.D.
Medical Attendant.

Address, 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Estella Waidner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 N Eutaw St City

Cause of Death, First (Primary.) Pneumonia

Second (Immediate.) Dropsy

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 30th 1877

Undertaker, Phillip J Dill

Place of Business, 183 Columbia Ave

Signed Unknown M. D.
Medical Attendant.

Address 782 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 December 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 45 Union Street

Cause of Death, {First (Primary,) Cancer of liver

Second (Immediate,) ascites

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 31st 1877

Undertaker, James S Byrne

Place of Business, No 63 N Front St

Marbury Brewer M.D.
Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22678

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Scott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 0 *Months,* 4 *Days.*

Color, Dark brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No 11 (Baltimore) Brown st

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} No 11 Browns Alley

Cause of Death, First (Primary,) unknown

Second (Immediate,) Asphixia

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 31. 1877

Undertaker, William J Gray

Place of Business, 65 Mulberry

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Kerr

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} —

Occupation, Rail Road Employee

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore. Whole Life

Place of Death, {Give street and number.} 36 E. Eager St

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,)

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Dec 31st 1878

Undertaker, Thos. S. Hughes

Place of Business, 606 E. Balto St

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave

Edmund P. Walker M.D. Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Fowler

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, 13 *Years,* 5 *Months,* 23. *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 96 N. Caroy St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) "

Duration of Last Sickness, Four days —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 31. 1877

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway.

Thomas Okie M.D.
Medical Attendant.

Address, 39½ N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam A Lohl

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 70 11/12 *Years,* *Months,* *Days*

Color, White

~~Married, Single,~~ ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number.} 252 Sharp St Baltimore City

Cause of Death, First (Primary,) Hypertrophy Heart & Lung Disease

Second (Immediate,) Pericarditis & Pulmonary Consumption

Duration of Last Sickness, About two years All 3 months ten

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, 1st Janr 1878

Undertaker, Ph. Schwald

Place of Business, 35 S. Eutaw St

W W Hammond M.D.
Medical Attendant.

Address, 53 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos E Dunmore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one Years & six Months, 0 Days.

Color, Light Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, one year & six Months

Place of Death, {Give street and number.} No 1 Bolton st

Cause of Death, First (Primary.) unknown

Second (Immediate.) Dyptheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 31 1877

Undertaker, John E Gordon

Place of Business, No 63 Park Ave

B F Bohrer M.D.
Medical Attendant.

Address Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30 the 11 pe m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Glormann.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 of *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty four Years

Place of Death, {Give street and number.} No 5 Stockton St

Cause of Death, First (Primary,) Ulceration of the Rectum

Second (Immediate,) Hydrops. of the Chest

Duration of Last Sickness, Sex. months

All the above information should be furnished by the Physician.

Place of Burial, Loudon park C

Date of Burial, Jan 1st 1877

John J. Litzer M. D.
Medical Attendant.

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave Address 81. N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Ellen Wilson

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 13 *Years,* 11 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 230 Pearce

Cause of Death, {First (Primary,) Organic Disease of Heart & Bright's

{Second (Immediate,) Disease

Duration of Last Sickness, several months

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 2nd 1878.

{*Undertaker,* Adam Weidemeyer

{*Place of Business,* 518 W. Baltimore Str.

D. P. Hoffman M. D.

Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

Date of Death, Dec. 31,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dr[illegible]

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 34 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1635 Lemmon st

Cause of Death, {First (Primary,)} Uraemia

{Second (Immediate,)} Childbirth

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, January 1878

Undertaker, [illegible] P Parlow

Place of Business, 60 Frederick Ave

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1 1878 BALTIMORE

Date of Death, Dec 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Grove

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co Md

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 86 Lauderhall st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About six mos -

All the above information should be furnished by the Physician.

Place of Burial, Shaws Dt

Date of Burial, Jan 4th 1878

Undertaker, Hercules Ross

Place of Business, No 180 West St

J. Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, / /

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE... 1878 ...MORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Blaney Jr.

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the words not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 3 Yrs

Place of Death, {Give street and number.} 177 N. Fremont

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 2nd 1878

Undertaker, Jacob Weaver

Place of Business, No 4 x 6 Druid Hill Ave

Lewis M Eastman M.D.
Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22688

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kaufmann

HEALTH DEPARTMENT JAN 1 1878 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 11 hours *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, do

Place of Death, {Give street and number.} # 107 Saratoga St.

Cause of Death, First (Primary,) Compression of the Cord

Second (Immediate,) Asphyxia Neonatorum

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, Jan 1 1878

Undertaker, J. E. Gordon

Place of Business, 163 Park Ave

John A. Roemer M. D.
Medical Attendant.

Address 92 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1 1878 BALTIMORE

Date of Death, December 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Gregory

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 62 S. Eden St.

Cause of Death, First (Primary,) Chronic Croup

Second (Immediate,) .....

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan. 2d

Undertaker, M. Fenity

Place of Business, No. 35 Banks

James E Donnelle M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1878 BALTIMORE

Date of Death, December 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Magruder Mace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 352 W. Baltimore St.

Cause of Death, {First (Primary,)} Phisic

{Second (Immediate,)} Pulmonalis

Duration of Last Sickness, Five and a half years

All the above information should be furnished by the Physician.

DR. J. H. SMITH. DEC 31 1877 BALTIMORE, MD.

Place of Burial, St Alphonsus

Date of Burial, Jan 1st

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

M. D.
Medical Attendant.

Address 101 E. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALLEGHENY DEPARTMENT JAN 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orlando Gayno

Sex, Male or Female, {Cross out the words not required in this line.} M.

Age, 50 *Years,* *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M.

Occupation, Sexton.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 14 Edward St

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) Bronchitis & Gen'l Debility

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 1st 1878

Undertaker, Wm H Bishop Jr

Place of Business, 97 Druid Hill Ave

H. T. Rennolds M.D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Cadley

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 77 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 18 Essex St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, two (2) Years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, 1 2 78

Undertaker, Anthony & Denny

Place of Business, No 26 Light St

L. L. Wilkins M.D.
Medical Attendant.

Address, 96 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22693.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Norris

Sex Male or Female, {Cross out the words not required in this line.}

Age, 79 *Years,* 7 *Months,* 14 *Days*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} widow

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N 346 Madison Avenue

Cause of Death, {First (Primary,) Pneumonia; Second (Immediate,) Debility & coma}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, January 3d 78

Undertaker, J. Weaver

Place of Business, Druid Hill Ave

Henry Salzer M.D.
Medical Attendant.

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22694.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Johns

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 312 Montgomery St.

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 2 1878

Undertaker, J. W. Chase

Place of Business, 198 Howard St

R. M. Hall M. D.

Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31 St. 877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Baker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 69 Lemmon St.

Cause of Death, {First (Primary,) Secondary Syphilis

{Second (Immediate,) One year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2 1878

Undertaker, J W Gwaze

Place of Business 183 Howard St

R. M. Hall M.D.
Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th = 1877 =

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Reed —

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 10 *Years,* 2 *Months,* 3 *Days.*

Color, — Negro — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, — — — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, — — — — — —

Place of Death, {Give street and number.} No 5 Rice Alley —

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Phthisis pulmonalis —

Duration of Last Sickness, — 3 months —

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Jany 2 1878

Undertaker, S. H. Chase

Place of Business, 198 S Howard St

W. A. B. Sellman M. D.
Medical Attendant.

Address Camden Ave & Canada St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Shillman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 257 E. Fayette St

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Government Cemetery

Date of Burial, Jan 3 1878

{*Undertaker,* Fry & Son

Place of Business, 22 N Broadway

J. L. Grant *M. D.*

Medical Attendant.

Address 187 Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ada Florence

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city -

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 16 Mercer St.

Cause of Death, First (Primary,) Enteric - colitis

Second (Immediate,) Enteric - colitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Jan 2

Undertaker, Jos R Offutt

Place of Business, 206 Forest st

Chas Van Bibber M.D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Loenbach.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Eleven *Years,* One *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Milwaukee

Duration of Residence in the City of Baltimore, Eleven years & one month

Place of Death, {Give street and number.} # 43 N Stricker

Cause of Death, First (Primary,) Intermittent Fever with Catarrh of Bladder + Gastric irritation

Second (Immediate,) "Gastritis"

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Harsaini Burial ground

Date of Burial, 3th January

Undertaker, C Hollander & Sons

Place of Business,

J. G. Leitheiser M.D.
Medical Attendant.

Address, # 884 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Jennie Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Eight *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carrsfield Maryland

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number.} No 187 N. East St

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem't A. J. P. Yeats M. D.

Medical Attendant.

Date of Burial, Jan 2nd 1878

Undertaker, John I Redmayer *Address* 132 N. Eden St

Place of Business, Cor Monument Ave & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* Two *Months,* Fifteen *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 201 Biddle St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Six Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 2nd 1878

Undertaker, W. H. Bishop Jr.

Place of Business, Maryland Ave

H. F. Stone M. D.
Medical Attendant.

Address 884 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown, Dated Dec. 31 81 — 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about 70 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Spring Gardens

Cause of Death, {First (Primary,) Drowned

Second (Immediate,) Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Dec 31 1877

{*Undertaker,* F. A. Kerchner

Place of Business, Carrollton Av

R. C. Lee M.D.

~~Medical Attendant~~.

Coroner's Dr

Address, Hanover & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22703,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2-d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Sanford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* *Months,* 20 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 125 Camden St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 3rd

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

J. C. Buck *M. D.*
Medical Attendant.

Address 157 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~18~~ 22704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 0 *Months,* *Days.*

Color, Light Copper

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} No 1 Bolton st

Cause of Death, {First (Primary,) unknown / Second (Immediate,) Dyptheria

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 2 1878

Undertaker, [illegible] Gunn

Place of Business, [illegible]

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st A. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Boyd,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Colored,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housework,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Michaels Md.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 69 S. Stricker St

Cause of Death, {First (Primary,)} Phthisis Pulmonalis

{Second (Immediate,)} Exhaustion, Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem

Date of Burial, Jan 3rd 1878

{*Undertaker,* John W. Locke

{*Place of Business,* Wolf St

G. G. Rusk M. D.
Medical Attendant.

Address Balt. & Mad. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22706

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christian C. Baumstark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 318 Durham Street

Cause of Death, {First (Primary,) Cerebral Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 3rd

Undertaker, Geo Schilling

Place of Business, Ashland & Fagan

I Edward Whitford M. D.
Medical Attendant.

Address 44 N Dallas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. JAN 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 31 st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ellen Simmons

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 2 Jefferson St. Court

Cause of Death, { First (Primary,) Pneumonia Second (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery F. A Sawyer ... *M. D.*

Medical Attendant.

Date of Burial, January 2. 1878

Undertaker, Wilkins & Dunyee *Address* 105 E. Balto St

Place of Business, 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22708.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kissy Bradley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 96. *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Fairfax County Va

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 287 Hanover St

Cause of Death, {First (Primary,) Ossification of the Valves of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 3 78

{Undertaker, Armstrong & Denny

Place of Business, No 263 Light St

Sheridan Costa M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22709.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mendel Heinberg

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 87 *Years,* — *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, manufacturer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 93. S. Eden

Cause of Death, {First (Primary,) / Second (Immediate,)} old age (oedema of lungs Dropsy for a few days)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, January 3rd 1878

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. McKenna

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} F

Age, 18 *Years,* *Months,* *Days.*

Color, Mulato *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} No 103. Saratoga St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, ~~St Peters Cemetery~~ New Cathedral Cem

Date of Burial, Jan 3d 1878

F. B. Gardner M. D.
Medical Attendant.

Undertaker, Wm Sams Son

Place of Business, 63 Mulberry St *Address* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 1st January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Kann

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Prussia

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 14 East St

Cause of Death, {First (Primary,)} Apoplexy

{Second (Immediate,)}

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cem

Date of Burial, Jan 3rd 1878

Undertaker, Wm P. Cox

Place of Business, Caroline St

H. W. Webster M.D.
Medical Attendant.

Address, 57 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Swartz

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* 3 *Months,* 17 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Taking Care of her Family

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, {Give street and number.} 218 N. Gilmor

Cause of Death, First (Primary,) Mammary Cancer

Second (Immediate,)

Duration of Last Sickness, About 8 Months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Lutheran Cemetery

Date of Burial, 4th January 1878

Undertaker, J. Stubbs

Place of Business, 1515 Madison St

D. D. O'Neill M. D.
Medical Attendant.

Address 146 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22713,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ellen Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Col *Sex,*

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 186 Chesnut alley

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 186 Chesnut alley

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) " "

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 4 78

Undertaker, Wm H Bishop Jr

Place of Business, 97 East Hillen

W. W. Browne M. D.
Medical Attendant.

Address 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Riley

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 82 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 79 Watson st Rehabilis

Cause of Death, {First (Primary,) Second (Immediate,)} Paralysis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, January 3th 1878

{*Undertaker,* Wm H McKinnar

Place of Business, No 241 Jay st}

Wm L Kemp *M. D.*

Medical Attendant.

Address, 1 Broadway E madison st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hodgkinson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Wilhelms dram yard

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Apoplexy

Duration of Last Sickness, An hour

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 4 78

Undertaker, J. H. Pardis

Place of Business, 66 Fredrick Av

Geo C. Ogle Coroner M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22716,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Joseph Reily

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} No 19 S Howard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of the Brain

Duration of Last Sickness, One day

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, Jan 3rd 1878

Undertaker, Chas S Sewing

Place of Business, 211 E Eutaw St

James A Murray M. D.
Medical Attendant.

Address No 14 N Paca St, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Gray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 13 *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 Vine East

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5 1878

Undertaker, Wm C Jordan

Place of Business, No 252 Park

H Darling *M. D.*
Medical Attendant.

Address 252 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22718.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia S Hays

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shipjoiner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hospital, of Univerity of Md,

Cause of Death, {First (Primary,) Intermittent Fever & Typhoid Fever,

Second (Immediate,) unknown

Duration of Last Sickness, 7 days,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 4th 1878

Undertaker, Hughes Pa

Place of Business, 550 W Fayette st

Geo C Gyle Coroner, M. D.
Medical Attendant.

Address, 229 Cary st,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Augustine Cherbonnier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Florida

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 86 N. Carey St.

Cause of Death, First (Primary,) Senile debility

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jany 4th 1878

Wm Murray M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* 10 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22720,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kay

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty (40) *Years,* *Months,* *Days.*

Color, *Sex,* Married

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washer Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland to 1861

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 115 Edmondson Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, January 3. 1878

Undertaker, William A. Lingue

Place of Business, 62 East St

Address E. C. Baldwin 124 N. Eutaw St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 3 1878 BALTIMORE

Date of Death, Jan. 3. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Son of Wm + Ida Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 12 hours *~~Days.~~*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ×

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 31 Patterson Ave, Balt

Duration of Residence in the City of Baltimore, ×

Place of Death, {Give street and number.} 31 Patterson Ave

Cause of Death, {First (Primary,) Premature birth

Second (Immediate,)

Duration of Last Sickness, ×

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, Jan 4 — 1878

J. L. Ingle M. D.
Medical Attendant.

Undertaker, J R Blackistun & Son

Place of Business, 606 Balt st *Address* 247 Lawalest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22722,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Morning Jan 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 227 E. Eager St.

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) ____

Duration of Last Sickness, (One Month)

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Jan 4th 1878

Undertaker, C. Sheehan

Place of Business, Pratt St Address 25 Pratt St

Wilmer Preston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 22723.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. A. Bell Hopkins

Sex, ~~Male~~ or *Female,* {Cross out the words not required, in this line.}

Age, ——— *Years,* 1 *Months,* 12 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 N. Chapel St

Cause of Death, {First (Primary,) / Second (Immediate,).} Inanition all thro Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem

Date of Burial, Jan 3rd 1878

James A Steuart M.D.

Residence of Undertaker.

Undertaker, Thed. Locke

Place of Business, Jefferson St

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Waterman — Sanitary Inspector

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 5 1878 BALTIMORE

Date of Death, Jan 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Knisle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 99 Eutaw Avenue

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Diphtheria

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, January 9th

Undertaker, B Hale

Place of Business, 411 Light Street

Theodore Cook M. D.
Medical Attendant.

Address 146 Mansion

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3d. 1878 — 9½ o, clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joad. Christian Julian Stapf.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, One *Years,* ~~Months,~~ Eighteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, Live (2) Months

Place of Death, {Give street and number.} No. 306 in Henry Street

Cause of Death, {First (Primary,) Hydrocephalus / Second (Immediate,) Convulsions

Duration of Last Sickness, Seven (7) Months.

All the above information should be furnished by the Physician.

Place of Burial, Catonsville Baltimore County

Date of Burial, Jan 4th 1878

Undertaker, J. H. Cook

Place of Business, No 707 E. Baltimore Street

Wm. H. Coleman M. D.
Medical Attendant.

Address, 106 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22726,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3d of 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teé Jacinto Lopez Grande

Sex, Male or Female, {Cross out the word not required in this line.}

Age, four *Years,* nine *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In the City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12th bet Cary St. & 114.

Cause of Death, First (Primary,) Diphtheritic Pharingitis and death

Second (Immediate,) acute amigdalitis.

Duration of Last Sickness, eight days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 4th 1878

Undertaker, J B Cook

Place of Business, 1707 W Baltimore Street

M. Joseph Lopez Hernandez M. D.
Medical Attendant.

Address 12th bet Cary St. & 114.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22727,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

Date of Death, Jan. 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Noble Job Charnis.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 2 5 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Water St.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Three weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 4th 1878

Undertaker, W. Jas Gray

Place of Business, Shelby St

Albert Hopkins, M. D.
Medical Attendant.

Address 551 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} I. H. L. Rider

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 16 months

Place of Death, {Give street and number.} No 43. N. High St

Cause of Death, {First (Primary,) ..... Diphtheria
Second (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 4th/78

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynan

J. S. Gross M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...729...

...nded any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ther person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., under penalty of law.

...T FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1878 BALTIMORE

Jan 2nd

{Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis F. McCormick

{Cross out the word not required in this line.} Male

Years, 9 Months, Days.

... or Widower, {Cross out the words not required in this line.}

(and how ... d States, ...)

...in the City of Baltimore, Balt City

...et and ...er. Life Line

...rimary,) ...

(Immediate,) Pneumonia

...ess, 11 Days

...ld be furnished by the Physician.

...Patricks Cemetery

...nnary 4th 1878

...Clark & Son

...No. 64 E Baltimore

M. D.
Medical Attendant.

Address

Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...t further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...nded during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...fter the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ...scertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 3 1895
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Entwead Bands

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About 24 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 122. East Fayette St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 4th 1895

{*Undertaker,* Thos J Hughes
Place of Business, 60 E Balto} *Address*

D. C. Ireland *M. D.*
Medical Attendant.
Coroner. E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22731.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cooper or John F. Norman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} City Hospital

Cause of Death, {First (Primary,) Tubercular Peritonitis
Second (Immediate,)}

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C

Date of Burial, Jan 4th 1878

Undertaker, Norman Raymond

Place of Business, 25 E. Baltimore St.

Chas. B. Wible M. D.
Resident Physician
Medical Attendant.

Address City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 967

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d January 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Emily Dugan.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Head of a family.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Seventy Years.

Place of Death, {Give street and number.} No 26 Monument St.

Cause of Death, First (Primary,) ~~First~~ Chronic Pachymeningitis

Second (Immediate,) Nervous Apoplexy.

Duration of Last Sickness, About 3 years, although the termination in death was Sudden.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem't

Date of Burial, 5th Jan 1878

H. C. van Bibber M. D.
Medical Attendant.

Undertaker, Hy Duckins & Son

Place of Business, 16 Light St

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Thursday Morning January 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant nnt named, give names of parents.} Edward Boulton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 1/2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 106 Government Ave

Cause of Death, {First (Primary,) Bronchitis with Cerebral Complications

Second (Immediate,) Convulsions.

Duration of Last Sickness, About one Month.

All the above information should be furnished by the Physician

Place of Burial, Druid Cemt

Date of Burial, Jan 4 1878

Undertaker, Wm J Redmayne

Place of Business, Cor Fremont Ave & Government St

Wilmer Bruton, M. D.
Medical Attendant.

Address 25 1/2 Government Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22734

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lud. Hanahan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 3 Y 4 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 3 Yle & Saratoga Sts.

Cause of Death, {First (Primary,) Tuberculosis / Second (Immediate,) Exhaustion

Duration of Last Sickness, About 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt Peter cemetery

Date of Burial, Jan 4 th 1878

Undertaker, J B Cook

Place of Business, No 704 W Baltimore Street

Wm P Lockwood M. D.
Medical Attendant.

Address Balto. Genl Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Jan~~ Dec 3. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Frazier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Seven~~ Seventy Years, Months, Days.

Color, White Sex,

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 245 Columbia Avenue

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Sev weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, January 6th 1878

Chas M. Nott M. D.
Medical Attendant.

Undertaker, J. B Cook

Place of Business, No 704 W Baltimore street Address 306 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22,736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Jan. 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel G Hutton

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Not known

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md U. S.

Duration of Residence in the City of Baltimore, Sixty years.

Place of Death, {Give street and number.} No. 5 Pitt & Mc. Henry St

Cause of Death, {First (Primary,) Hydrothorax. Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Friday Jan 5th 1878

D. M. Jones M. D.
Medical Attendant.

{*Undertaker,* Chas Koch
Place of Business, Sky & Central Av.

Address 96 N. Paca St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 2 - 78 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Wilson -

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Blk *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Up -

Place of Death, {Give street and number.} 180 Robey-st.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 3. 1878

Undertaker, William H. Dugan

Place of Business, 10 Hacken Alley

Geo. W. Wilson M. D.
Medical Attendant.

Address Fayette & Pearl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22738, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Henrick

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} London England

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} Holland st n 16

Cause of Death, First (Primary,) Old age

Second (Immediate,) Casualty

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd st Hebrew Cemetery

Date of Burial, Jan 4th

Undertaker, William Eilau

Place of Business, 101 Gough st

E G Balcombe M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childrea.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22739.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd '78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Randall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} No 20 New Church

Cause of Death, {First (Primary,) Intemperance

Second (Immediate,)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Jan 5. 1878

Undertaker Roberts Coyle

Place of Business, 70 Pearl St

Edmund R Walker M. D.
Medical Attendant.

Address Corner No 23

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22740,

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Rebecca Baily

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 — *Years,* 10 — *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 118 N Canal St

Cause of Death, First (Primary,) Tuberculosis. Pulmonalis

Second (Immediate,) do Hemorrhage —

Duration of Last Sickness, 7 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Grant Limits

Date of Burial, Jan 4th 1878

Undertaker, Theodore J. Loeb

Place of Business, 56 Jefferson St

Geo Johnson M. D.
Medical Attendant.

Address 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Howard

~~*Sex,* Male or *Female,*~~ {Cross out the words not required in this line.}

Age, 4 *Years,* 11 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 4 yrs. 11 mos

Place of Death, {Give street and number.} 4. Youngs Ct.

Cause of Death, {First (Primary,) St Thisis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 4th 1878

{*Undertaker,* Theodore Deloch

{*Place of Business,* 56 Jefferson St

W. B. O'Brien M.D.
Medical Attendant.

Address, 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... soner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1878

CERTIFICATE OF DEATH.

Date of Death, Friday January 4th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Berger

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Wife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} 64 Lloyd St

Cause of Death, {First (Primary,) Phthisis — Second (Immediate,) 4 weeks (2 years)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, Jan. 6th 78

Undertaker, R. Leonard.

Place of Business, 35 E Eutaw St.

Abram B. Arnold, M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22743.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Marble Polisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Tyrone — Ireland

Duration of Residence in the City of Baltimore, Thirty eight years

Place of Death, {Give street and number.} Home for the aged Cor.. of John and Valley Sts

Cause of Death, {First (Primary,) .....

{Second (Immediate,) Asthma + Heart Disease

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, West Cathedral Cemetery

Date of Burial, Jan 6th 1898

{Undertaker, John J Roden agt.

{Place of Business, Cor Lemmon & Fremont Sts

Silas H. Hunter M. D.
Medical Attendant.

Address 91 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 27414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Generin Weeden

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days*

Color, White

~~Married~~, Single, Widow[er], ~~Widower~~, {Cross out the words not required in this line.}

Occupation, [redacted]

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~Baltimore~~ Anne Arundel Co

Duration of Residence in the City of Baltimore, 6 Mos

Place of Death, {Give street and number.} Cor McHenry & Addison Al

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, J. H. Co

Date of Burial, January 4th 1878

Undertaker, John Thacher

Place of Business, N. 130 Caroline & N. W. Cor Eutaw & Lafayette

L M Eastman M.D.

Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McDowell

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 46 *Years,* 2 *Months,* 19 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coach painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #29 S. Arnold St.

Cause of Death, {First (Primary,)} Cerebral Apoplexy

{Second (Immediate,)} Paralysis of Brain

Duration of Last Sickness, 3 3½ hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 6th 78

Undertaker, Hy & Bro

Place of Business, 54 S. Broadway

Geo. A. Hartman M.D.

Medical Attendant.

Address, # 303 W. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Silas N. McMurphy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Contractor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bristol, New Hampshire

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 85 W. Pontland St

Cause of Death, First (Primary,) Advanced Age

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Thos S Hughes~~ Green Mount Cemetery

Date of Burial, Dec 5th 1878

Undertaker, Thos S Hughes *Address* 71 Franklin St.

Place of Business, 238 Madison Ave

W. H. McMurray M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Hoffman

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Police officer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 Williams

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 7th 1878

Undertaker, Armstrong & Denny

Place of Business, #213 Light St

H H Nicholson M.D.
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 22748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Jaspe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 170 Mech

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Paralysis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, January 6th 1878

Undertaker, Julius Koehler

Place of Business, Cor of Sharp & Crofs sts

Thos Ord M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22749.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Young

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 9 *Years,* —— *Months,* —— *Days*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 210 West Street

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 2 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, Jan 6th 1878

James A Steuart M.D.

Undertaker, S W. Chase

Place of Business, Howard St

Address, Comm'r of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson Sanitary Inspector

Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Connelly

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 285 Eutaw St

Cause of Death, {First (Primary,) Membranous Croup

Second (Immediate,) —}

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 6

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

W H Kyster M.D.
Medical Attendant.

Address, 11 Mayfield Gardens

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John L. Lewis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 21 South Appleton

Cause of Death, { First (Primary,) Chronic Diarrhea / Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 7th 1878

Undertaker, A. Black

Place of Business, 1774 Baltimore Street

H. Neidhart M. D.
Medical Attendant.

Address 1 N. Washington ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph N. Vogelgesang

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 5 *Months,* 4 *Days*

Color, W L

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 West St.

Cause of Death, {First (Primary,) Second (Immediate,)} Meningitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 6 1878

Undertaker, C. F. Keane

Place of Business, 209 Hanover st

R. J. N. Tall M.D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 22753,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 8 p m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isack Braffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 238 W. Pratt

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} No 238 W. Pratt

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Chs Sholam Cemetery Geo. A. Fitzer. *M. D.*

Date of Burial, June 6th 1873 Medical Attendant.

Undertaker, Wm Eckman *Address* 81. N. Eutaw.

Place of Business, 101 Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22754

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th January 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Schultze

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Brunswick Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 211 W. Fallst

Cause of Death, {First (Primary,) Ruptured (cerebral Hemorrhage)

{Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, January 7

{*Undertaker,* Henry Meyer

{*Place of Business,* 186 N Howard St.

1911 Hoburg M.D.
Medical Attendant.

Address, 57 Bruce

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22755, OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th ~~Jan~~ Jan 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Adrow Tyler (Parents

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, ——— *Years.* ——— *Months,* Half Hour *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 230 N. Bond St

Duration of Residence in the City of Baltimore, 1/2 Hour

Place of Death, {Give street and number.} 230 Bond St

Cause of Death, First (Primary,) Tedious Labor

Second (Immediate,)

Duration of Last Sickness, 1/2 Hour

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 6th 1878

P. L. Mahon *M. D.*
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, Central Av *Address* 138 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No 22756

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Raum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* ... *Months,* ... *Days.*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number.} 64 Eastern Ave

Cause of Death, {First (Primary,) ... Second (Immediate,)} Old age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 5 1878

{*Undertaker,* James D Byrne

{*Place of Business,* No 63 Fleet St *Address* 17 E Fleet

Ashenfelter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

Permit No. 22757

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Garey

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 65 *Years,* — *Months,* — *Days*

Color, Col

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 38 Coheris alley

Cause of Death, {First (Primary,) A

Second (Immediate,) Consumption

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Catonsville Balto Co

Date of Burial, Jan 6 1878

Undertaker, Solun C. Jordan

Place of Business, Park Ave

Thos H Causby M.D.

~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Weinmann Sanitary Inspector

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 22758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR
JAN
5
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus R Fox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 341 Saratoga St

Duration of Residence in the City of Baltimore, 8 month

Place of Death, {Give street and number.} 241 Division St

Cause of Death, {First (Primary,) Hydrocephalus / Second (Immediate,)

Duration of Last Sickness, 4 month

All the above information should be furnished by the Physician.

Place of Burial, W Ohio

Date of Burial, Jan 6th 1878

G. H. Adams, M. D.
Medical Attendant.

Undertaker, Andrew Lott,

Place of Business, Druid Hill Ave 118 *Address* 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 22759

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura E. Bank

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* 10 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } No 3. Precis St

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 5. 1878

{ *Undertaker,* William R. Dugan

{ *Place of Business,* 62 East St

Silas H. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 22760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Preeilla Edwards

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, Col'd

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Co Md

Duration of Residence in the City of Baltimore, 68 years

Place of Death, {Give street and number.} 309 N. Durham St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet'y

Date of Burial, Jan 6th 1878

Undertaker, Geo A. Wuhr

Place of Business, Fawn St

James A Steuart M.D.

~~Medical Attendant~~

Address, Comm of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ~~date of death~~ except in cases of births and deaths of illegitimate children.

Investigated by E. Wenman - Sanitary [illegible] Inspector

The Sp...

Board of Health, City of Baltimore,

Permit No. 22761, OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hiser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline County Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 45 South Schroeder ...

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 7

H. H. Smith *M. D.*
Medical Attendant.

Undertaker, S. M. Leonardson

Place of Business, 782 W Baltimore *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 22762

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E. Manibal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 170 Johnson st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 170 Johnson st

Cause of Death, {First (Primary,) Membranous Croup / Second (Immediate,)}

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Jan 6th 1878

Undertaker, Jacob Weaver

Place of Business, Undertaker

Geo. W. Gross M. D.
Medical Attendant.

Address 164 Hanover st
East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 22763,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Brown (Mother)

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days*

Color, Colored

~~*Married*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63 Perry st

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan 6th 1878

Undertaker, Hercules Ross

Place of Business, West St

James H Sloan M.D.
~~Medical Attendant.~~

Address. Comm of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Carroll Sanders Surgeon

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 22764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8 '78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Baker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, - 46 - *Years,* *Months,* *Days,*

Color, Col *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Saundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Baltimore

Duration of Residence in the City of Baltimore, 45 Year

Place of Death, {Give street and number.} 72 Chesnut Alley

Cause of Death, First (Primary,) Hernia

Second (Immediate,) Epigastric

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] *Address* 53 S Sharp Streets

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 22765

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

Date of Death, Jan ~~Dec~~ 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland Maternité

Duration of Residence in the ~~City of Baltimor~~ House 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cimetery

Date of Burial, Jan 7. 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St

Mathew Brewer M. D.

Medical Attendant.

Address, 201 N. Bridle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th ~~Dec~~ 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~ House 10 days

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 7th Dec 1878

Undertaker, Saml Bowen

Place of Business, 152 Division St

Mahlon Brown M.D.
Medical Attendant.

Address, 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2276/7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th-1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Steinmetz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — 19 — *Years,* — 2 — *Months,* — — — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 159 Madison Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, — Six Months —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 6th 2 pm

Undertaker, Henry Snyder

Place of Business, 255 Eastern Ave

Thomas J. Evans M. D.
Medical Attendant.

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 151 S. Bond St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 6

Undertaker, W. Tippel

Place of Business, 151 S. Bond St

Dr. J. Gaw *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 22769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards Wise.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 53 Penn Ave.

Cause of Death, First (Primary,) Diptheria,

Second (Immediate,) "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bethel Hebrew Fells Point cemetery

Date of Burial, Jan 6 1878

Undertaker, D Black

Place of Business, 1727 W Baltimore Street

Chas D Pennington M.D.
Medical Attendant.

Address 98 N Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed James W. Wheelee

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 352 Cross St

Cause of Death, First (Primary,) Heavy Cold

Second (Immediate,) Catarrh in head

Duration of Last Sickness, all its Life More or less

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Jan 6 1878

James A Steuart M.D.

Undertaker, Hercules Ross

Place of Business, West St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 22771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barton E Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} No 142 N Spring st.

Cause of Death, First (Primary,) Typhoid Pneumoniae

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 6th 1878

Undertaker, Theodore J Cook

Place of Business, 516 Jefferson st

John H. Conner M. D.
Medical Attendant.

Address 286 E. Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of

Permit No. 22772

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, African

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 211 Pine St.

Cause of Death, {First (Primary,) Malignant Diphtheria, Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Jany 7 1878

Undertaker, S. M. Chase

Place of Business, 198 S. Howard St

R. H. P. Ellis *M. D.*
Medical Attendant.

Address N. W. Cor. Fayette & Schroeder

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22773,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Butler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 6 *Years,* — *Months,* *Days.*

Color, Black *Sex,* —

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waiter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 46 years.

Place of Death, {Give street and number.} 55 S. Booth St.

Cause of Death, {First (Primary,) Rheumatism

Second (Immediate,)

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. B. Gardner M. D.

Date of Burial, Jany 7. 1878 Medical Attendant.

{*Undertaker,* W. H. Chase Address 120 W. Greene St.

{*Place of Business,* 119 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 1878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 4th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard, A. Adams

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 15 *Years,* 3 *Months,* *Days.*

Color, Cold. *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 11 Temple.

Cause of Death, { First (Primary,) Pulmon. Consumption

Second (Immediate,)

Duration of Last Sickness, 7 (Seven) Months

All the above information should be furnished by the Physician.

Place of Burial, Lovely Grove

Date of Burial, January 6 1878

Undertaker, Samuel Wilson

Place of Business, 114 S. Howard St.

S. F. Coyner M. D.
Medical Attendant.

Address 134 West

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebecca Wiedefeld

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 92 Greenmount Ave.

Cause of Death, First (Primary,) ...

Second (Immediate,) Bronchial Catarrh

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 9th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Jno Burke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1878 BALTIMORE

Date of Death, January 4 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda A. Dawn

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 10 *Months,* 22 *Days.*

~~Color,~~ White — *Sex,* —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Co Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 61 Chatsworth St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, about 5 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 7th 1878

E. C. McDowell M. D.
Medical Attendant.

Undertaker, P. Kimmel

Place of Business, Mulberry St *Address* 190 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22777

OFFICE OF REGISTRAR OF VITAL STATIS[TICS]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 9 1878 BALTIMORE

Date of Death, 8th. January 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lobenstein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 9 *Months,* *Days.*

Color, white

~~Married~~; Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oysterhuger

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number.} S. Bethel Street 208.

Cause of Death, {First (Primary.) / Second (Immediate.)} Tuberculosis Pulmonum

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, S. Paulus Cemetery

Date of Burial, January 7th 1878.

Undertaker, Leonhard Kurz

Place of Business, S. Bondstreet. No 277.

William Henkel M.D.
Medical Attendant.

Address S. Wolfe St. 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 24778

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1878 BALTIMORE

Date of Death, January 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M Brannan

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 30 *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Had his home in Baltimore all his life

Place of Death, {Give street and number.} 204 South Charles Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) " "

Duration of Last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 7th 1878

{*Undertaker,* John L Thacher
Place of Business, No 150 Camden St

Richd H. Thomas M. D.
Medical Attendant.

Address 437 Madison Avenue
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Mathaney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.} Single

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltymore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 221 Gough St.

Cause of Death, {First (Primary,) Phthisis pulmonalis & Heart disease
Second (Immediate.) Inflammation of Stomach & bowels

Duration of Last Sickness, Unknown. under my care 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 8th 1878

John S. Lynch M. D.
Medical Attendant.

Undertaker, Keughus & Co

Place of Business, 65 S Broadway *Address* S. E. Broadway & Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22780

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} A A Co Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 202 E Pratt St

Cause of Death, {First (Primary,) Chronic Adenitis 6 Mo —

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 8th 1878

Undertaker, John S Mercer

Place of Business, 150 Lombard

D H Money M. D.
Medical Attendant.

Address 76 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Ann Boston (Mother)

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 10 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Hanmstead St.

Cause of Death, {First (Primary,) Cold

Second (Immediate,) Croup — 2 days —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Jan 7th 1878

Undertaker, C. A. White

Place of Business, 35 Granby St

James H. Steuart M.D.

Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigations by E. Wenmaer — Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Ward

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 22 Hanford Ave.

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetery

Date of Burial, 7 Jan 2 O'clock

Undertaker, Geo. C. Eichenauer

Place of Business, 38 Ensor St

Jno. Brooke Byrd M.D.
Medical Attendant.

Address. 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22783,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Gilmore

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1120 Hanover st

Cause of Death, {First (Primary,) } {Second (Immediate,) } Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 8th 1878.

{*Undertaker,* Leonard Geier

{*Place of Business,* S. Eutaw st. N. 275

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Laufheimer

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in ~~this~~ line.}

Occupation, Furniture - Dealer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 63 Ensor St

Cause of Death, First (Primary,) 1 Phlegmone cruris

Second (Immediate,) 2 Pyaemia.

Duration of Last Sickness, ab. 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew U. Cemetery

Date of Burial, Janar 8 78

C. Hoffman M.D.
Medical Attendant.

Undertaker, Wm Elbow

Place of Business, 101 Lough St *Address,* 57 Bisquit St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhardt Toepfner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 72 *Years,* 4 *Months,* ____ *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Wood Turner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hamberg, Bavary, Germany 8 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Castle street 49

Cause of Death, {First (Primary,) Second (Immediate,)} Marasmus. Senilis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Jan 9th 1878

Undertaker, A. Keller

Place of Business, 242 E. Lombard st

William Henrd M.D.
Medical Attendant.

Address S. Wolfe & No. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The S

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Nolan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* 3 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancashire England

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 178 Ramsay st

Cause of Death, {First (Primary,) Congestion of the Lungs

Second (Immediate,)

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 7 1878

Undertaker, W. C. Lockman

Place of Business, 1234 Bay

P. D. Benson *M. D.*
Medical Attendant.

Address 187 Wallace st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22787

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6t 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bacon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 0 *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 years & 3 months

Place of Death, {Give street and number.} No 71 Johns Alley

Cause of Death, First (Primary,) unknown

Second (Immediate,) Diptheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan. 7th 1878

Undertaker, Andrew Weaver

Place of Business, Ross St.

R F Bohm M. D.
Medical Attendant.

Address Cor Dolph & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The

Board of Health, City of Baltimor

Permit No. 22788

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Mengel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Penn Ave. near Lexington St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, {First (Primary,) Infantile Marasmus

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Jan 8th 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Eight St

DR. J. H. SMITH JAN 5 1878 BALTIMORE, MD.

..... *M. D.* Medical Attendant.

Address 160 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The

Board of Health, City of Baltimor

Permit No. 22789

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothy Thompson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 394 S Charles St

Cause of Death, {First (Primary,) ——

{Second (Immediate,) Phthisis

Duration of Last Sickness, 8 ~~Days~~ Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 8 78

Undertaker, Armstrong & Denny

Place of Business, 32 & 34 Light St

J Theodore Cook M. D.
Medical Attendant.

Address 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 22790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hare

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 119 Granby St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 48 hours

* All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Jan 9th 1878 Fred. S Kummon M. D.
Medical Attendant.

Undertaker, Thos L Hughes *Address* 13 E Balto St.

Place of Business, 66 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 22791.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. L. Wolf

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, Forty nine *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line}

Occupation, Jeweler

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Penna.

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number.} #141 E Pratt St

Cause of Death, {First (Primary,) "Pulmonary

Second (Immediate,) Consumption "

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, ~~Hazlehurst~~ Penna

Date of Burial, Jany 8th 1878

Undertaker, Hughes

Place of Business, 550 W Fayette

J. G. Smithurst M.D.
Medical Attendant.

Address, 584 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause of death, except in cases of births and deaths of illegitimate children.

Transit 970

[OVER.]

The

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 22792.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH COMMR
JAN
7
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} × Mary Slip

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} × Baltimore,

Duration of Residence in the City of Baltimore, ×

Place of Death, {Give street and number.} 88 Hamburg St

Cause of Death, {First (Primary,) Congestion of the Lungs
Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, January 7th

Undertaker, Armstrong & Dany.

Place of Business, Light & Montgomery sts.

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 22793, OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emely E McCann

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 40 Yrs *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Her Whole life

Place of Death, {Give street and number.} 234 Hanover St

Cause of Death, First (Primary,) Scirrhus Uteri

Second (Immediate,) Scirrhus Uteri

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 8 - 78

Undertaker, C. F. Krause

Place of Business, 209 Hanover st

W. H. Hammond M.D.
Medical Attendant.

Address, 52 N Pacaca
Balto Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22794

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bauch.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single, Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 22 yrs. 8 mo. 24 days

Place of Death, {Give street and number.} Chappel st. No. 163.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, 1st Evergl. St. Paul's Cty.

Date of Burial, January 7th

Undertaker, H. Forbich

Place of Business, Easton Ave No. 146

C. M. Schmitt Jr M. D.
Medical Attendant.

Address S. W. cor. Wolfe st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22795

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Loomis

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, white,

~~*Married, Single, Widow* or *Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 6 N. Chappel St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis,
Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 8/77

{*Undertaker,* Fry & Bro
Place of Business, 32½ Broadway

G. G. Lusk M. D.
Medical Attendant.

Address Balt. & Mark sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The [illegible]

Permit No. 22796c

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu[illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

Date of Death, Jan. 7th 3:30 A.M. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Clark

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 39 h Central Av

Cause of Death, {First (Primary,) —

{Second (Immediate,) Marasmus

Duration of Last Sickness, —

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 8

{*Undertaker,* W. Tippel

{*Place of Business,* S. Bond st. 151

A L Shertzer, M. D.
Medical Attendant.

Address 11 S. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore

Permit No. 22797

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1878

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Adam Hummel

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, ~~Cooper~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (27 years

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First (Primary,) Senile Dementia

Second (Immediate,) Exhaustion

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, January 8th

Undertaker, B. Harle

Place of Business, 411 Light st.

Oscar L. Corkey M.D.
Medical Attendant.

Address, 188 E. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 2,2798

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sullivan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, W.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number.} 326 Franklin St

Cause of Death, {First (Primary,) Old Age / Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Jan 8 1878

Undertaker, J. B. Blackistone

Place of Business, 606 Balt St

Wm. D. Lockwood M. D.

Medical Attendant.

Address Balto Genl Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22799

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 4th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Callie Reed

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, African

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} No. 29 Bruce St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)}

Duration of Last Sickness, 4 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Cantonsville

Date of Burial, Jan 8th 1878

Undertaker, W. M. Deaver

Place of Business, East St

R. W. P. Ellis *M. D.*

Medical Attendant.

Address Cor Fayette & Schroeder Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th...

Permit No. 24800 OFFICE OF REGISTRAR OF VITAL ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Henderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 7 *Days.*

HEALTH DEPARTMENT JAN 1878 BALTIMORE

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Madison St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Abscess & Exhaustion

Duration of Last Sickness, 30 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, January 8th 1878

Undertaker, John S Mackin

Place of Business, No 150 Camden St

W. B. Griffith M. D.
Medical Attendant.

Address 60 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 22801. OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1879 BALTIMORE JAN 8 1879 BALTIMORE

Date of Death, January the 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguerite Carley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Working in the house

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} (Ireland) County Roscommon

Duration of Residence in the City of Baltimore, Twenty eight years

Place of Death, {Give street and number.} Home for the aged. 60... of John and Valley St

Cause of Death, First (Primary,) .....

Second (Immediate,) Pneumonia

Duration of Last Sickness, 8 days —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 8th

Undertaker, Henry Schultheis

Place of Business, No. 261 East Monument

J. McBride Boyle M. D.
Medical Attendant.

Address 1609 Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL S

Permit No. 22802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Johnson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 51 Davis Street

Cause of Death, First (Primary,) Cold

Second (Immediate,) Croup.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Jan 8th 1878

Undertaker, C. Stiepen

Place of Business, E. Pratt St.

James A Steuart M.D.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson Sanitary Inspector

(OVER.)

Board of Health, City of Baltimore

Permit No. 22803. OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday January 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Lyon

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Two 2 *Years,* Three 3 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 231 E Madison Street

Cause of Death, First (Primary,) Laryngitis Croupous

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 9th 1878

Undertaker, Hy W. Mears

Place of Business, 46 N Gay St

H. H. Selover M. D.
Medical Attendant.

Address, S E Cor Eager & Carlton Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Vital Statistics, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th January 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm A Barrett.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Gentleman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Mexico

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} No 56 St Paul St.

Cause of Death, First (Primary,) Insufficiency of Mitral & Aortic Valves of the Heart.

Second (Immediate,) Dropsies. Anasarca. Ascites & Albuminuria. and debility.

Duration of Last Sickness, About 3 Months. The disease of the Heart had existed a long time.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 9th 1878

Wm Grant Bibbins M. D.
Medical Attendant.

Undertaker, Blackistone & Son

Place of Business, W. Balto St *Address* 47. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 228057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Goodwin

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* *Days.*

Color, wht

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} U. S.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 40 Preston

Cause of Death, {First (Primary,) Paralysis / Second (Immediate,)}

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co[illegible] Cemetery

Date of Burial, Jan 9th 1878

Undertaker, Edw J Scruth

Place of Business, 271 N Eutaw St

Address 129 Mosedale

Chas Tenney M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22806,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January ~~December~~ 7th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Christiana Trechler

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 21. *Years,* *Months,* 18 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 208 Columbia ave

Cause of Death, {First (Primary,) Typhoid fever

Second (Immediate,) Haemorrhage (Intestinal)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Ho. R. Bethany St. Paul Cemetery

Date of Burial, Jan. 9 January 78

Undertaker, H. L. Dill

Place of Business, 153 Columbia ave

Louis L. Horn M. D.
Medical Attendant.

Address, 22 C Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22807.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 8, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Roth.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 10 Branch St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 9th

Undertaker, Henry Brill

Place of Business, Hennetta St 81

Thos Ord & Co *M. D.*
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22808,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alter E. Padmore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5-8 Tyson St.

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 8 1878

W. H. Thompson M. D.
Medical Attendant.

Undertaker, William James Gray *Address* 41 Orchard St.

Place of Business, No 65 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22809.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Vranek

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 46 Barnet St

Duration of Residence in the City of Baltimore, 2 yrs 6 mo

Place of Death, {Give street and number.} 46 Barnet St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mihiels [illegible]

Date of Burial, January 9, 1878

{*Undertaker,* Henry Hook / *Place of Business,* 319 Central Ave

E. Gas Walls *M. D.*
Medical Attendant.

Address 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday January 8th; 80, clock, A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Purple

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Ten *Years,* Eleven *Months,* Thirteen *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 197 Burgundy Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jan 9th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Eager's

Chas H. Iglehart, M. D.
Medical Attendant.

Address, No. 106 Columbia Avenue.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Yarbrough

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Clonmacnoise

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 583 - Pearce

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 4 — days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 9th 1878

Undertaker, Jacob Weaver

Place of Business, No 486 Druid Hill Avenue

H. J. Howard M. D.
Medical Attendant.

Address Corner of Pine & Lombard Sts City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Prattus

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} —

Age, 23 *Years,* — *Months,* — *Days*

HEALTH DEPARTMENT JAN 1895 BALTIMORE

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 1 Pleasant Alley

Cause of Death, {First (Primary,) unknown

Second (Immediate,) " died before Dr Dawson could reach — I suppose of heart disease

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Jan 7, 1878

Undertaker, S Wheeler

Place of Business, 3 Howard St

W W Sothron M.D.
Medical Attendant.

Address, 192 Pearl Pl

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy King

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 12 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset Co Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 11 L Montgomery Alley

Cause of Death, First (Primary,) Scrofula & Disease of the Spinal Column

Second (Immediate,) Phthisis

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 8/78

Undertaker, J Wilmarth

Place of Business, 488 Howard St

Verdon Card M. D.
Medical Attendant.

Address 146 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22814.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Tillman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~ *Years,* 10 *Months,* ~ *Days.*

Color, Black *Sex,* Female.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} Cor Moores & Eldet Alls.

Cause of Death, First (Primary,) Gastric Catarrh

Second (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. St Cemetery

Date of Burial, Jany 8 1878

Undertaker, Geo C Chase

Place of Business, 117 S. Howard st

J. Shotwell Townsend, M. D.
Medical Attendant.

Address 216 N Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] OF HEALTH, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel A. Bixby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* ——— *Months,* 17 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bar tender

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 133 Fulton Ave

Cause of Death, {First (Primary,) Laryngeal Phthisis. / Second (Immediate.)

Duration of Last Sickness, twelve months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 9

Alfred Hughes M. D.
Medical Attendant.

Undertaker, J B Cook,

Place of Business, 707 W. Pratt *Address* Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22816.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Giesenger.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, white.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 349 E. Lombard St.

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) Stroke days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Nicholas Cem.

Date of Burial, Jan 9th 1878

Undertaker, H. Köhler

Place of Business, 241 E. Lombard st

Aug. St. Erich M.D.
Medical Attendent.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James B Lazear

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1063 West Baltimore St. Extended,

Cause of Death, {First (Primary,) Diphtheria,
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jany 9th 1877

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

Medical Attendant. *M. D.*

Address 553 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Dowling

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 91 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 40 N. High st.

Cause of Death, First (Primary,)

Second (Immediate,) old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lemmon & Co

Date of Burial, Jan 10/78

Undertaker, Scott & Mann

Place of Business, 35 Park Av

P. L. Daudel M. D.
Medical Attendant.

Address, 247 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22,819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1878

Date of Death, January 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bartnie Holmes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 289 N. Anne str

Cause of Death, {First (Primary,) Meningitis / Second (Immediate,)}

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Jan. 9th 1878

Undertaker, H. H. Hickman

Place of Business, N. Gay St

A. Aronsohn M.D.
Medical Attendant.

Address 354 N. Caroline str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[redacted] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

Date of Death, Monday 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August A. Louis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* ~~2~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 262 S Eutaw St

Cause of Death, First (Primary,) ~~Congestion~~ Congestion of the Lungs

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 9th

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Sheridan Cook M. D.
Medical Attendant.

Address 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schulz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number.} 8 Constitution

Cause of Death, {First (Primary,) Cancer of tongue

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary Geo W Reynolds M. D.

Date of Burial, Jan 10th 1878 Medical Attendant.

Undertaker, C. Wiegand *Address* 43 North Calvert

Place of Business, 58 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22822

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Stove Finisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia Penn. 60

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} Fish & Canton Avenue

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 1/2 Hour

All the above information should be furnished by the Physician.

Place of Burial, Myers Grave yard

Date of Burial, January 10th 1878

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave.

James E Donnelly M. D.
Medical Attendant.

Address 2996 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22823.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Taylor

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, Thirty one *Years,* Six *Months,* Thirteen *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Stationery Storekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Arkansas

Duration of Residence in the City of Baltimore, from Early Childhood

Place of Death, {Give street and number.} 373 Leigh St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Jan 10th 1878

{*Undertaker,* C. F. Herold

Place of Business, Hanover St

Elias L. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amos Frisby.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 164 Hofman St.

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany. 11th 1877

Undertaker, Wm F. Bishop Jr.

Place of Business, 9 Druid Hill Ave.

E. R. Ward. M. D.
Medical Attendant.

Address 242 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza N. Beard.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 156 E. Eager St.

Cause of Death, {First (Primary,) } {Second (Immediate,)} Phthisis Pulmonalis.

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 10th 1878

Aug. F. Erich *M. D.* Medical Attendant.

Undertaker, Jas P. Bayne

Place of Business, Fourth St

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George. H. Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cane maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Va

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give street and number.} No 9 Armistead Lane

Cause of Death, {First (Primary,) Acute Gastritis / Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 9th 1878

J. C. Bench M. D.
Medical Attendant.

Undertaker, Geo P Byrne

Place of Business, 63 Fremont Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Garner

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 54 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 92 Sterling St

Cause of Death, First (Primary,) Organic Dis of Heart

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Govanstown B. C.

Date of Burial, Jan 10th 1878

Undertaker, Jas P Byrne

Place of Business, 63 Front st

Richard McSherry M. D.
Medical Attendant.

Address 189 W Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 22828

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 22828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Armstrong

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* / *Months,* 12 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Stockholm St

Cause of Death, First (Primary,) Cotol

Second (Immediate,) Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery P.R.R.

Date of Burial, Jan 10th 1878

Undertaker, Phil S. Dill

Place of Business, 183 Columbia Ave

James H. Steuart M.D.

~~Medical Attendant.~~

Address, Commissioners of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Signature by Robert Jackson Sanitary

Permit No. 22829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

Date of Death, Jan. 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number.} 38 & Druid Hill Ave.

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Exhaustion

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Jan'y 11th 1878

W. B. Griffith *M. D.*
Medical Attendant.

Undertaker, Thos S Hughes & Co

Place of Business, 238 Madison

Address Columbus ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No 22830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible] 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casper Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 312 N. E. Boundary Ave

Cause of Death, {First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 10th 78

[illegible] *M. D.*
Medical Attendant.

{*Undertaker,* P. T. Dill

Place of Business, 183 Columbia Ave } *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Dolan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Gun smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland. 7 yrs in U S,

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 90 Lemon St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) Pulmonary Hemorrhage

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick cemetery

Date of Burial, Jan 10th 1878.

James Bosley M. D.
Medical Attendant.

Undertaker, J. Elliott

Place of Business, 1707 E Baltimore Street

Address 319 Hollins St Balto, Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22832,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1878 BALTIMORE

Date of Death, January 8, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 236 S. Charles St

Cause of Death, {First (Primary,) Hip Disease

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 10th 1878

{*Undertaker,* G. Wittgund

Place of Business, 53 Druid Hill Ave *Address* Sharp & Courtney

Jas. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22833,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* 3 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 313 E. Balto st

Cause of Death, First (Primary,) Senectute

Second (Immediate,) Phthisis

Duration of Last Sickness, 3 & 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 10th 1878

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

John T. Conner M. D.
Medical Attendant.

Address 286 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22834,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Gasparri.

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, — *Years,* — *Months,* 24 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 292. Arch. alley

Cause of Death, {First (Primary,) Congenital obstruction of the Hepatic Duct.
Second (Immediate,) Dyspepsia & jaundice.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cmty

Date of Burial, Jany 10th 78

Undertaker, Jos Liano

Place of Business, 578 W. Balto St.

C A Holme M. D.
Medical Attendant.

Address 86 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jones

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pratt, Life

Duration of Residence in the City of Baltimore, 9 Hamilton

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Bronchitis Simple

Second (Immediate,) Bronchitis Capillary

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, January 11th 1878

Undertaker, William James Gray

Place of Business, No 65 Mulberry st

Jno. S. Latimer M.D.

Medical Attendant.

Address. 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22836,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Lauterbach

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 41 *Years,* 9 *Months,* ~~ *Days*

Color, white

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (24 yrs

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 320 S. Bond St

Cause of Death, {First (Primary,) ; Second (Immediate,)} Consumption

Duration of Last Sickness, 3. years

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Jan 11th 1878

James A Steuart M.D.

~~Medical Assistant~~

{*Undertaker,* Leon'd Kurtz ; *Place of Business,* 277 S. Bond St} *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ~~date~~ of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Wenman — Sanitary Inspector

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georges Shuck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baden baden (Germany)

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, {Give street and number.} Home for the aged Cor.. of John and Valley Sts

Cause of Death, First (Primary,) Debility

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 10th

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Jno Brooke Boyle *M. D.*
Medical Attendant.

Address Nob E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22838,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Howard Grant.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 29 *Years,* 6 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Tanner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 21 Patterson Avenue.

Cause of Death, First (Primary,) Chronic Alcoholism causing Valvular Disease of Heart.

Second (Immediate,) Valvular Disease of the Heart.

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Md

Date of Burial, Jan 10th 1878

~~*Undertaker,*~~ Paul Arnold

Place of Business, Penn Ave

A. G. Fox M.D.
Medical Attendant.

Address, 154 Penna Avenue.
Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22839.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine M.c Sweeny

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — 1 *Months,* — 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 20 Beaver st

Cause of Death, First (Primary,) —

Second (Immediate,) Catarrhal Fever

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 10th 1878

{*Undertaker,* James O Byrne

Place of Business, No 63 N Front St

S. F. Coyman *M. D.*
Medical Attendant.

Address 134 N High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Joseph Farrell

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 4 *Years,* 6 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 332 E Chase St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Asthenia with sloughing of the alveolar processes & roof of the mouth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 10 1878

Undertaker, James O'Byrne

Place of Business, No 63 N Front St

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22841,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maurice O'Connor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5-9 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Marble Polisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 78 N. Front

Cause of Death, {First (Primary,) Phthisis Pulmonalis, 2 Years

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery Geo D Reynolds M. D.

Date of Burial, Jan 10th 1878 Medical Attendant.

{*Undertaker,* James A Byrne *Address* 78 N Front St

{*Place of Business,* 63 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22812,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January [redacted] 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 1 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 7 Abraham St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, January 11. 1878

Undertaker, William H Dugan

Place of Business, 62 East St

D W Cathell M. D.
Medical Attendant.

Address 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22843,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa A. Black

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 70 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, About 40 yrs.

Place of Death, {Give street and number.} 16 State St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Apnoea

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery Eugene F. Cordell M. D.

Date of Burial, January 10. 1878 Medical Attendant.

Undertaker, Wilson & Dugan

Place of Business, 62 East St *Address* 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

the abdomen & lower extremities — chiefly
over the hands. This was attributed to
Cirrhosis of the Liver, which was sufficiently
accounted for by her habitual use of gin.

E. F. C

22843

The following additional information is requested in relation to the causes of death enumerated below.

ANEURISM—Mode of Death.
CER SPIN. MENINGITIS—Variety, whether epidemic or simply Inflammatory.
CHILDBIRTH—Circumstances producing Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and cause.
ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.
METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYÆMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety, Chief Location and Mode of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature, Chief Location and Mode of Death.
WOUNDS—Cause, Variety, Seat and Mode of Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical operation with fatal result.
Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death

JAMES A. STEUART, M. D.
Commissioner of Health and Registrar.

Permit No. 22844

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Henry Baily

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 61 Years, *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Talbot Co. Md.

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, { Give street and number. } Gist near Jefferson St.

Cause of Death, { First (Primary,) } { Second (Immediate) } Typhoid Pneumonia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, New Asbury Cem.

Date of Burial, Jan 10 1878

Aug. F. Erichs M. D.
Medical Attendant.

{ *Undertaker,* Theo G Sodes

{ *Place of Business,* 56 Jefferson *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Douglass

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Druid Hill ave

Cause of Death, {First (Primary,) Premature Birth (7 mos

Second (Immediate,) Inanition

Duration of Last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11 1878

Undertaker, W H Bishop

Place of Business, Druid Hill Av

Thos F Stewart M.D.
Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo R Taylor — Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Grayson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 64 St Mary st

Cause of Death, First (Primary,) Cancer of breast

Second (Immediate,) about 1 year.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Comty

Date of Burial, Jan 11 1878

Undertaker, Joh. E. Gaul

Place of Business, No 63 Park st.

R. Winslow M. D.
Medical Attendant.

Address 23 N Calvert st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Paul Corbey

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 14 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1 Pratt Street

Cause of Death, First (Primary,) Pulmonary Congestion

Second (Immediate,) Asphyxia

Duration of Last Sickness, Twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan. 12th 1878

Undertaker, Jos. E. Gaver

Place of Business, No 23 Pratt St

W. H. Hann M. D.
Medical Attendant.

Address Patterson Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Francis O'Connor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 197 N. Eutaw St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 197 N. Eutaw St.

Cause of Death, {First (Primary,) Erysipelas
Second (Immediate,)}

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 11. 1878

{*Undertaker,* Geo Saffron
Place of Business, Penna Ave

Charles Brewer M. D.
Medical Attendant.

Address 201 N. Riddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ethel Gunnett

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number. } 430 N. Lexington St.

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 10

Undertaker, Chas. L. Krause

Place of Business, 209 Hanover St *Address* Carroll P.O. Balto

Jas. L. Holliday M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Kniellehne

~~Sex~~, *Male* ~~or Female,~~ {Cross out the words not required in this line.}

Age, 2 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 126 S. Duncan Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Oedema pulmonum, Eclampsia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 11

Undertaker, Henry Snyder

Place of Business, 253 Lombard

Statham, M.D.
Medical Attendant.

Address, 245 S. Bethel, more

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Martha E Boyd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 4 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Prince Georg Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ho 135 E Biddle st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Carcinoma uteri; Sinkus

Duration of Last Sickness, about 1 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 11th 1878

{*Undertaker,* Wm Poalen / *Place of Business,* Biddle st.}

C. J. Kemler *M. D.*
Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday January 9th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Elizabeth Krafft

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, Three *Years,* Four *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 97 Fourth Street

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Marasmus

Duration of Last Sickness, Fifteen (15) Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Jan 11th

Undertaker, Geo. Schilling

Place of Business, Ashland Ave

F. H. Green M. D.
Medical Attendant.

Address, Cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons ~~supintending the burial~~, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luigenda E. Maintin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 392 N. Gay St

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,) Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 13

Undertaker, Leo Schilling

Place of Business, Ashland Square

H. F. Voigt M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Shanley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md,

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 59 Conway St. Balto. Md

Cause of Death, First (Primary,) Apoplexy,

Second (Immediate,)

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem Hamilton

Date of Burial, 11th Jan 1878

Undertaker, Hy McClusky Son *Address*

Place of Business, 16 Light St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. S. Sears

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 117 Chew St

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,)}

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Glendy Cemetery

Date of Burial, Jan 11th 1878

{*Undertaker,* John J Rodenmayer / *Place of Business,* Cor Seamant & Seamant St} *Address* 341 W Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Finney

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, Col'd

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Accomac Co. Va.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 203 Hamburg St.

Cause of Death, {First (Primary,) Second (Immediate,)} Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 11 th

Undertaker, Lucas & Son

Place of Business, Laurel Md

R. J. N. Tall M.D.
Medical Attendant.

Address. 152 Shap St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

Date of Death, January 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty three *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Once [illegible]

Place of Death, {Give street and number.} No. 79 Lewis St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Howard Jefferies M. D.

Date of Burial, Jan 11 1878 Medical Attendant.

Undertaker, J. W. Chase *Address* 70 Lewis St

Place of Business, No 198 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22858.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

Date of Death, January 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wallis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 4 hours *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 198 George st Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 198 George st

Cause of Death, {First (Primary,) ____ Second (Immediate,) Asthenia

Duration of Last Sickness, Born very feeble

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 11th

Undertaker, ~~Geo Whyte~~

Place of Business, ~~Baltimore~~ Office Address 47 Edmondson Ave

J. L. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22859.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

Date of Death, Jan 9 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 10 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Mecklenburg Hessen Darmstadt

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number.} Washington near Lemmon Extended

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Dropsy

Duration of Last Sickness, 12 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Jan 11th 1878

Undertaker, I Burch

Place of Business, 171 W Baltimore

Supt Ambulance M. D.
Medical Attendant.

Address 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22860

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. McGinnis

Sex; ~~Male~~ or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 41 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, ~~Shoe~~ Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Balt. Infirmary cor Lombard & Green Sts Northern Pol.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, Jany 12 1878

Undertaker, L. B. Cook

Place of Business, 517 W Baltimore Street

T. A. Ashby M.D.

Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transd 971)

[OVER.]

Permit No. 22861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE.

Date of Death, Jan. 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wilhelmina Tilman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 11 *Months,* 10 *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} 21 Gough St.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Acute Nephritis

Duration of Last Sickness, 19 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan. 13th

{*Undertaker,* Wm. Ernst

Place of Business, 25 Eas[illegible] St.

Aug. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22862,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Genevieve

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... About 14 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 5 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, Nearly dead when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 12 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mahony Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2281/3.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany ~~Dec~~ 9, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* abut 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bay view

Duration of Residence in the ~~City of Baltimore,~~ House 3 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) asthenia

Duration of Last Sickness, Dying when received

All the above information should be furnished by the Physician.

Place of Burial, Jany 12 1878.

Date of Burial, Catholic Cemetery

Undertaker, Saml Bowen

Place of Business, 152 Division St.

Martin Brewer M.D.
Medical Attendant.

Address, 201 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

Date of Death, 10th January '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Gebhart

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 42 South Wolf St.

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Consumption of Lungs

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ceme.

Date of Burial, Jan. 12

Undertaker, W. Dippel

Place of Business, S. Bond st. 151

John F. Loomans M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22815,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anderson Brown

~~Sex~~, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, — 30 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt. Infirmary cor Lombard & Green

Cause of Death, {First (Primary,) Con. Wounds of Scalp; Second (Immediate,) Erysipelas}

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Jan 11th 1878

Undertaker, T. A. Kerchner

Place of Business, Corroller Ass

T. A. Ashby *M. D.*
Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Milburne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 14 E. Front St

Cause of Death, {First (Primary,) ..... {Second (Immediate,) Phthisis

Duration of Last Sickness, three Months

All the above information should be furnished by the Physician.

Place of Burial, Greenden Park Cemetery

Date of Burial, Jany 12th 1878

Undertaker, Jno. S. Hughes

Place of Business, 60 E. Baltd St

Thomas Skinner M. D.
Medical Attendant.

Address 97 N. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22867

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Stump

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty eight *Years,* *Months,* *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} York Pennsylvania,

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, {Give street and number.} 249 Cambridge St. (Canton)

Cause of Death, {First (Primary,) Consumption.
Second (Immediate,)}

Duration of Last Sickness, Seven Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemet

Date of Burial, Jan 11th 1878

Undertaker, Henry [illegible]

Place of Business, Cambridge St

Nicholas L. Dashiell M. D.
Medical Attendant.

Address 257 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 10th "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert. A. Murphy.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 2 *Days.*

Color, White *Sex,* male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Millen st

Cause of Death, First (Primary,)

Second (Immediate,) Tuber. Meningitis

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemet *O. S Mahon* M. D.

Date of Burial, Jan 13th 1878 Medical Attendant.

Undertaker, Geo Bethell *Address* 138 Exeter.

Place of Business, E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2286 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Warfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 917 West Balto. St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral C

Date of Burial, Jan 12—1878

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt St

R. H. Goldsmith M. D.
"
Medical Attendant.

Address 106 Hollen avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22870.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt. M. Spiller

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 48 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 84 W Chase St.

Cause of Death, First (Primary,) Alcoholism

Second (Immediate,) Convulsions

Duration of Last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Country W C Van Bibber M. D.

Date of Burial, 12th Jany 1878 Medical Attendant.

Undertaker, H. H. Jenkins & Son *Address* 47. Franklin St.

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22871.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth H Poor

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balti City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 40 Carrollton ave

Cause of Death, First (Primary,) Brights disease

Second (Immediate,) Uraemic poison

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, St John's Huntingdon York Road

Date of Burial, 12th Jany 1878

Undertaker Hyndman Kelso

Place of Business, 16 Light St

James A Steuart M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 11 1878 STATE

Date of Death, Jany 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Allen Davis.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 11 *Years,* 5 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Port de Posit Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 W Baltimore St.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Port de Posit Md.

Date of Burial, Jan 15th 1878

Undertaker, Henry K Mead

Place of Business, 45 N Eg St

Jno. T. Powell M. D.
Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Grave 1972

[OVER.]

[illegible] City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22873.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa. Kisner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2. *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 2 Yrs Lives Life-time

Duration of Residence in the City of Baltimore, 2 Yrs Lives

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 12th 1878

{*Undertaker,* C. F. Krause

Place of Business, 209 Hanover

Edward P. McDevitt M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Walter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* 4 *Days.* 27

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Ey 432 Broadway

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 13th 1878

D G Worth M. D.
Medical Attendant.

Undertaker, Collins & Koehler

Place of Business, Ways & Cross st.

Address 203 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22875

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Hall

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } South Ca

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 5 Block E

Cause of Death, { First (Primary,) Summer Complaint
Second (Immediate,) Exhaustion

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Family

Date of Burial, Jan 12th 1878

{ *Undertaker,* [illegible]
{ *Place of Business,* [illegible]

[illegible] M. D.
Medical Attendant.

Address 157 Eighth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22876.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Scanlon

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland (26 yrs in America.

Duration of Residence in the City of Baltimore, 16 mos.

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Gangrene of the Lung

Second (Immediate,) Exhaustion

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 12 1878

Undertaker, Henry Houck

Place of Business, 309 Central Ave

Wm J. Kelly M.D.
Medical Attendant.

Address, 188 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert S. Holmes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Twenty Seven *Years,* Eight *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 85 North Broadway

Cause of Death, {First (Primary,) Gastritis
Second (Immediate,) One Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bell's Cemetery

Date of Burial, 13th Jan. 1878

Undertaker, Wm. C. Bro.

Place of Business, 154 N. Broadway

Wm. H. Clendinen, M. D.
Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian Smick

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 47 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 227 Chew St.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,)

Duration of Last Sickness, 3 yrs 4 Years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 13 1878

Undertaker, J. M. Jenkins & Son

Place of Business, 16 Light St,

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22879.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

Date of Death, Dec 16th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Berkley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 2 E. Duncan st

Cause of Death, {First (Primary,) Epilepsy Pulmonalis / Second (Immediate,) Exhaustion}

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Dallas st bem

Date of Burial, Jan 18 1878

Undertaker, Theo J. Locke

Place of Business, 5 E Jefferson

G. H. Rusk M. D.
Medical Attendant.

Address Balt. st East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22880,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

Date of Death, January 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Walker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Iron Alley

Cause of Death, First (Primary,) Catarrh Fever

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Jan 12 1878

Undertaker, Theo J Socks

Place of Business, 56 Jefferson

James E Donnelly M.D.
Medical Attendant.

Address 2196 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wood

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Canada

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Paraplegia; Second (Immediate,) Asthenia}

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemy

Date of Burial, Jan 12 1878

Undertaker, F. A. Kirchner

Place of Business, Carroll Con Av

T. A. Ashby. *M.D.*
Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22882,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Afternoon January 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McCarrier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Forty three *Years,* Seven — *Months,* Sixteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 147 E. Monument St.

Cause of Death, {First (Primary,) Chronic

Second (Immediate,)

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, January 12th 1878

Undertaker, George Schilling

Place of Business, Cor Aisquith & Monument Sts

R McSherry Emerson M.D.
Medical Attendant.

Address 133 N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1878 Jan. 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen M Fallon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} X

Age, 19 *Years,* 0 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} "

Occupation, Spinster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 9 Barrett St City

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 14

Edmund M. D.
Medical Attendant.

Undertaker, Geo W Spence

Place of Business, 206 Forrest *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Logue (Mother)

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8th Ridgely's Court

Cause of Death, {First (Primary,) Cold

Second (Immediate,) Inanition

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemet.

Date of Burial, Jan 12th 1878

Undertaker, F. A Kerchner

Place of Business, Corollton

Jas. A Steuart M.D.
Medical Attendant.

Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mr Carroll - Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Polmer

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 1 ½ *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 271 Alice anna

Cause of Death, First (Primary,) Congestion

Second (Immediate,) Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ce

Date of Burial, Jan 13 th

Undertaker, Hendrine Leipsel

Place of Business, 151 S Bond st

R. M. Mansfield M. D.
Medical Attendant.

Address, 117 S Bond Lwy

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22886, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Spence

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, African

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 220 Vine St.

Cause of Death, {First (Primary.) Convulsions

Second (Immediate.)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 14th

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore

Wm. P. Ellis M. D.
Medical Attendant.

Address Co. Fayette & Schroeder.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Brown —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 161 Robinson St. City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 161 Robinson St.

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lowndale Cemetery

Date of Burial, Jan 13 1878

Undertaker, Wm. N. Lange

Place of Business, No 10 Stockdale Alley

P. Gilchrist M. D.
Medical Attendant.

Address Cor Forrest & Pleasant Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary G. Gay

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 20 *Years,* 10 *Months,* 24 *Days*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number.} No. 1 N. Front St.

Cause of Death, {First (Primary,) Consumption of the Lungs. 3 mos

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 12 1878

Undertaker, William N Dorsee

Place of Business, No 62 East St

J. H. Hench M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judah Levin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Northern Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 52 Eutaw

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 13. 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Dr. [illegible] M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Sangrall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester England

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 96 Fairmount Avenue

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt. Olivet Cemetery~~ Greenmount Cemetery

Date of Burial, Jan. 13. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Samuel Smith M. D.
Medical Attendant.

Address No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza St. Clair

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt St Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 406 Aisquith

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, Jan 13th 1878

Undertaker, Jacob Weaver

Place of Business, 406 Aisquith ave

G. H. Lewis M. D.
Medical Attendant.

Address 406 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie C. Foster

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Lewis St

Cause of Death, {First (Primary,) Cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13th 1878

Undertaker, Thos. L. Locke

Place of Business, Jefferson St

James H Steuart M.D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson — Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 22893, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Barlege

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 73 S. Dallas St.

Cause of Death, First (Primary,) Fall. Fracture. Scarlatina followed by

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 13th 1878

J. S. Lynch M. D.
Medical Attendant.

Undertaker, H. Keller

Place of Business, 2111 E. Lombard *Address* S. E. Broadway & Pratt,

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin O. Wilkinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 8 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto County

Duration of Residence in the City of Baltimore, Nineteen years

Place of Death, {Give street and number.} 441 E. Chase St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, January 13th 1878

Date of Burial, Baltimore Cemetery

Undertaker, William Hickman

Place of Business, 234 N. Gay

W. W. White M. D.
Medical Attendant.

Address 1101 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22895.

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Diana Crosby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

Age, 84 *Years,* 1 *Months,* 26 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York County Pennsylvania

Duration of Residence in the City of Baltimore, 17 years)

Place of Death, {Give street and number.} 188 George Street

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, Six days)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 14th 1878

[illegible] M. D.
Medical Attendant.

{*Undertaker,* Wm Weaver

Place of Business, No 202 E Eutaw St Address [illegible])

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Reid

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 77 *Years,* 1 *Months,* *Days*

Color, ed

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Westmoreland Virginia

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} n Dallas st 131

Cause of Death, First (Primary,) Rheumatism Heart Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, 6½ Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 13

Undertaker, Wilmot & Dugue

Place of Business, 62 East st

E C Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) ... Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 12898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulie Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 4 *Years,* *Months,* 21 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Rice Street

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, Jan. 15th 1878

{*Undertaker,* Peter Kummerle

{*Place of Business,* 317 Mulberry St

James A Steuart M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 22899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Flynn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~.....~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 14 Hillen St- Baltimore Md

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 14 Hillen St-

Cause of Death, {First (Primary,) Unknown
Second (Immediate,) .....

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery E. J. McLeb M. D.
Medical Attendant.

Date of Burial, January 15th 78

Undertaker, James Byrnes *Address* 57, N Calvert St-

Place of Business, Front St- Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22900

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burini, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Cook

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 79 Jefferson St

Cause of Death, { First (Primary,) Catarrh / Second (Immediate,) Asphyxia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Lawn

Date of Burial, Jan 15 1878

{ *Undertaker,* Thos J. Locke

{ *Place of Business,* 57 Jefferson

C. E. Stein *M. D.*
Medical Attendant.

Address 19 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 22981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JAN 1878

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. J. Reed

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 288 S. Eutaw St

Cause of Death, First (Primary.) ———

Second (Immediate,) Pneumonia 5

Duration of Last Sickness, 2 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 12th

Undertaker, Jacob Travis

Place of Business, 113 Lee St

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22902

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Hey Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Mnths ~~Years~~, 2 Weeks *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 7 Duncan Alley

Cause of Death, First (Primary,) Scrofulosis

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Dallas st One

Date of Burial, Jan 13

Undertaker, Theo Lock

Place of Business, 56 Jefferson st

James E Donnelly M. D.
Medical Attendant.

Address 299 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Cain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Maryland

Duration of Residence in the City of Baltimore, About 9 years

Place of Death, {Give street and number.} Leech Alley Nr. Eastern Ave Balt City

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Phthisis

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13 1876

A. Jones M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Gay East Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Meisel.

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 57 *Years,* 4 *Months,* —— *Days*

Color, white.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} (Huckster)

Occupation, used to be a Huckster - Lately no particular occupation

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No. 127 Preston Street

Cause of Death, First (Primary,) Bright's Renal Disease. (Parenchymatous nephritis)

Second (Immediate,) Uraemia.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Westminster Lane

Date of Burial, Jan 14th 1878

Undertaker, Chas T Symons

Place of Business, 217 Aisquith

H. Salzer M.D.
Medical Attendant.

Address, 163 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22905

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

Date of Death, Jan 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen Henry Hafer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, three *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 18 Druid Hill Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 185 N Eutaw St

Cause of Death, First (Primary,) Burn Shock to Nervous System

Second (Immediate,) Burn

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Bona Brey

Date of Burial, Jan 14th 1878

Undertaker, Jacob Weaver

Place of Business, No 416 Druid Hill Ave

W. D. Borkey M. D.
Medical Attendant.

Address Madison St near Garden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

Date of Death, January 12 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Getter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 236 S Charles St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diptheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 13th 1878

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave

Kenelm Cox M. D.
Medical Attendant.

Address 146 Chauncey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Virginia Linnell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 70 N Dallas st

Cause of Death, First (Primary,) Bronchial Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 15th 1878

Undertaker, William A. Dunque

Place of Business, 62 East St

Wm. L. Russell *M. D.*
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Gibson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No 935 Aberdeen st

Bronchitis

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 14 1878

{*Undertaker,* William A. Duggins / *Place of Business,* 62 East st}

Wm. L. Russ M.D.
Medical Attendant.

Address, 1 Broadway

Madison

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 22909.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Nellie Budd

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* —— *Months,* —— *Days.*

Color, C.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waitress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No. 2 Madeira Alley

Cause of Death, First (Primary,) Dilatation of the heart

Second (Immediate,) Dropsy and asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemet

Date of Burial, Jan 14th 1878

Undertaker, C. Shepherd

Place of Business, E. Pratt St

J. D. Lisk *M. D.*
Medical Attendant.

Address No 370 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Ellen Sperner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Femal

Age, ~~Colored~~ 2 9 4 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cork

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} No 11 Allen Av (Pasrtpal Peritonitis)

Cause of Death, {First (Primary,) Second (Immediate,)}

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, E Balt Cemetery Geo S Kummer M. D.

Date of Burial, Jan. 14 /78 Medical Attendant.

{*Undertaker,* Charles Sperner *Address* 78 E Pratt St

{*Place of Business,* Pratt & Exeter Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bureau of Vitality, City of Baltimore,

Permit No. 22911 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

Date of Death, Jany 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice H. Glazebrook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 306 N. Gilmor st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem A. Tousley M. D.

Date of Burial, Jan 14 Medical Attendant.

Undertaker, C. W. Blizzard *Address* 386 Druid Hill Av

Place of Business, 201 Penn av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 22912 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Emmet Mc Gee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 11 *Months,* 3 weeks *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 50 N. Arlington Ave.

Cause of Death, {First (Primary.) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, N. Potts Cemetery

Date of Burial, Jan 14th 1878

Undertaker, [illegible]

Place of Business, [illegible]

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22913,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon L Fairman

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} Male

Age, Seven *Years,* Seven *Months,* four *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Rochester N.Y.

Duration of Residence in the City of Baltimore, Seven years & 3 mo

Place of Death, {Give street and number.} # 416 E Chase st

Cause of Death, First (Primary,) Scarletina Maligna

Second (Immediate,) Congestion of brain

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 15 January

Undertaker, S. Schneider

Place of Business, 92 Madison

A Hartman M.D.

Medical Attendant.

Address, # 305 N Eamlin St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Bureau, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate S Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 21 Little Gouch St

Cause of Death, {First (Primary,) / Second (Immediate,)} Croup ruptured Chronic Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 14th

Undertaker, Mr. Funk

Place of Business, No. 35 Bank

C A Doherty M. D.
Medical Attendant.

Address 257 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Fuchsberger

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 68 *Years,* — *Months,* — *Days*

Color, Wh.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 35 Bankstreet

Cause of Death, First (Primary,) Apoplexia

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, H. A. Cemetery.

Date of Burial, Jan. 15th

Undertaker, Mr. Lauck

Place of Business, No. 35 Bankst.

J. Jenkins M.D.
Medical Attendant.

Address, 27 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22916. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Daffy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, at Birth — *Years,* —— *Months,* 12 hours ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 N. Amity — dd

Cause of Death, {First (Primary,) Apnoea Apnoea
Second (Immediate,)

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician

Place of Burial, St Peters. C.

Date of Burial, Jan 14 1878

Undertaker, W. B. Blackistone Son

Place of Business, 606 Bath st

J. D. Iglehart M. D.
Medical Attendant.

Address 219 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore

Permit No. 22917

OFFICE OF REGISTRAR OF VITAL ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Gassaway

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ... *Months,* ... *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard Co Baltimore Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} No 103 Shields Alley

Cause of Death, First (Primary,) unknown.

Second (Immediate,) Abscess of Liver

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14 1878

Undertaker, S W Omar

Place of Business, 198 Howard st

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Rose st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 22918

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co Md

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and number.} 308 Hoffman St

Cause of Death, {First (Primary,) Obstruction of Bowels

Second (Immediate,)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Jan 14 1878

Undertaker, J McShane

Place of Business, 198 Howard St

Chas Thinslow M. D.
Medical Attendant.

Address 23 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22919.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Lee

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ~~Years,~~ *Months,* 1½ *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Short St

Cause of Death, {First (Primary,) Meal nutrition
Second (Immediate,) Inanition

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 15 " 1878

{*Undertaker,* W. M. Dunger
Place of Business, East St

James A Steuart M.D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Sanitary Inspector

(OVER)

Permit No. 22920,

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Myers Hennall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Boston & Eastern Streets

Cause of Death, {First (Primary,) Pseudo-Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Jan 13th 1878

{*Undertaker,* A. Rösler

Place of Business, 1746 Lombard

James L. McShane M. D.
Medical Attendant.

Address 658 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2292 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carie Wilson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 81 *Years,* — *Months,* — *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 257 Central ave

Cause of Death, {First (Primary,) —

Second (Immediate,) Old age

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 14 1878

Undertaker, W. H. Hickman

Place of Business, Gay st.

James A Steuart M.D.
Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Carroll — Sanitary Inspector

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Henry~~ ~~Baltimore~~ Jan 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Feathers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 357 Williams Al-

Cause of Death, {First (Primary.) Second (Immediate.)} Pneumonia

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] Street

J. E. Hannington M. D.
Medical Attendant.

Address 321 Light-st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22923,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Winters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 3 *Years,* 1 0 *Months,* 1 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 73 Aisquith St

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} Philadelphia Pa.

Cause of Death, {First (Primary,) Puerperal Fever

Second (Immediate,)

Duration of Last Sickness, 5 da

All the above information should be furnished by the Physician.

Place of Burial, ~~Philadelphia~~ Balto Cem. Baltimore

Date of Burial, Jan 15 1878.

Undertaker, L. D. Keating

Place of Business, 136 E. Lafayette

W. D. Faust M. D.
Medical Attendant.

Address Eutaw & Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Cain

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ~~24~~ 5 *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carolina Co Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 67 Watson Stuet

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, Jan 15th 1878

Undertaker, A. Wayman

Place of Business, Sarotoga St

James A Steuart M.D.

~~Medical Attendant;~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Wayman — Sanitary Inspector

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella D. Barnes

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 10 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 108 Jackson St. Av.

Cause of Death, {First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, 14th Janr. 1878

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann.

R. W. Mantiel M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

Date of Death, Jan 12. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jackson

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, Black

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 75 ~~Jackson st~~ Davis Street

Cause of Death, {First (Primary.) Heart Kidney & old age -

{Second (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14th 1878

Undertaker, Theodore D. Lochs

Place of Business, 36 Jefferson st

C. S. Dunphill M. D.
Medical Attendant.

Address 129 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

Date of Death, Jan 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Bean

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, ——— *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unmarried

Occupation, Butcher's Help

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} 166 Chestnut al Balto.

Cause of Death, First (Primary,) Cerebral Hemorrhage

Second (Immediate,) Paralysis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jany. 14/78

Jno. S. Fulton, M. D.
Medical Attendant.

Undertaker, Wm. A. Bishop

Place of Business, 97 Orchard

Address ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 22928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

Date of Death, Jany 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie A. Nazelton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, African

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 34 Gilsons Court

Cause of Death, {First (Primary,) Acute Hydrocephalus. / Second (Immediate,)}

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 14/78

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Front Street

R. W. P. Ellis *M. D.*
Medical Attendant.

Address Cor. Fayette & Schroeder.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

Date of Death, November 20th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Krouse

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} Basin near Lighthouse Point Ferry Wharf

Cause of Death, First (Primary,) Drowned

Second (Immediate,) Shot

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Jan 14th 78

Undertaker, Michael Francy

Place of Business, No 240 Canton Ave

R. C. Lee M.D.

~~Medical Attendant~~ Coroner 3 D.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 22930 1/1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Griffin,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 27 *Years,* *Months,* *Days.*

Color, Dark brown. *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co.

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} 21 Lorlan alley.

Cause of Death, First (Primary,) Puerperal Peritonitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Evans Cy

Date of Burial, Jan 15th 1878

Undertaker, J. [illegible] & Gordon

Place of Business, 65 East Ave

John Dickson M. D.
Medical Attendant.

Address 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McGee

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} St. Vincents Hosph.

Cause of Death, {First (Primary,) Cystitis

Second (Immediate,) Debility

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y J. H. Butler M. D.

Medical Attendant.

Date of Burial, Jan 15th 1878

Undertaker, Joseph T Byrne *Address* 144 Mulberry St

Place of Business, 67 or Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 22932 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Philipp Bull

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* 17 *Days.*

Color, white *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none known

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 1185 E. East Corner of Central Av. and Monument Sts.

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis pulmonalis ulcerosa.

Duration of Last Sickness, about two years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January the 16th 1878.

Robert Smith M. D.
Medical Attendant.

Undertaker, Mr. John Theis.

Place of Business, No 216 E. Monument St. *Address* 42. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22933.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marg Ryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ireland

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 42 Parkin St.

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,)}

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Worcester Massachusetts

Date of Burial, Jan 16th 1878

Undertaker, J. B. Cook

Place of Business, 717 W. Baltimore St.

J. L. Bucin *M. D.*
Medical Attendant.

Address 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 973

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Knauft

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, W. Lite

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 42 S. Eden St

Cause of Death, {First (Primary,) Consumption of the Lungs.
Second (Immediate,) 2 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 17th 1878

Undertaker, John J. Andrews Walter Wm McLean

Place of Business, No 426 Druid Hill Avenue

L. A. Houck M.D.
Medical Attendant.

Address, 73 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Scott Lucas Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, two *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 9 Morrison alley

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 16th 1878

Undertaker, H. H. Bell *Address*

Place of Business, 9 Morrison alley

Sam'l H. Anderson *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Scott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Five *Months,* twelve *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 134 Raborn Street

Cause of Death, {First (Primary,) ..... Second (Immediate,) Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery Chas. W. Metz M. D.

Date of Burial, Jan 15th 1878 Medical Attendant.

Undertaker, F. A. Kerchner *Address* 306 N Hayward Street

Place of Business, S. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 2 2937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeana ~~Bond~~, Howell,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 102 N. Bond St.

Cause of Death, First (Primary,) Carcinoma Uteri,

Second (Immediate,) Hemorrhage,

Duration of Last Sickness, five months,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 16th 1878

Undertaker, Hughes & Co

Place of Business, 588 Fayette St

G. Glanville Rusk M. D.
Medical Attendant.

Address Balt. & Mar. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22938,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carla Pauline

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto & Ga

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Fredk St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Heart Paralysis (Supposed)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Chas Hockday M. D.

Date of Burial, Jan 16 1878 Medical Attendant.

Undertaker, John. P. Paules. *Address* Carroll P. O.

Place of Business, No 66 Fredrick St Balto Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Commissioners, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22939.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ens

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 — *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 9 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 117 Lemmon St.

Cause of Death, {First (Primary.) Capillary Bronchitis / Second (Immediate.) Pneumonia}

Duration of Last Sickness, Abt Three days —

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, January 16 1878

{*Undertaker,* J P Pabulus / *Place of Business,* 66 Fredrick St}

W Kaufman M. D.
Medical Attendant.

Address 382 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Battee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Cut his throat

Second (Immediate,) Syphilis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, E Pub Cemetery

Date of Burial, Jan 14

Undertaker, Charles Sturgis

Place of Business, Pratt & Schuler St

Jno Brooke Boyle M. D.
Medical Attendant.

Address 66 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22941,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 14th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Barton

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, thirty two *Years,* —— *Months,* —— *Days*

Color, White.

Married, ~~Single,~~ Widow ~~or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City.

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number.} 172 Caton Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pitts burgh Cemetery

Date of Burial, Jan 14

Undertaker, Charles Strayer

Place of Business, Pratt & Charles Sts

D. C. Ireland M.D.
Medical Attendant.

Address, Coroners E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Stewart

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 58 Williamson St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, Jan 16th 1878

Undertaker, S. W. Chase

Place of Business, Howard St

James H Lunar M.D.

~~Medical Examiner.~~

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22943

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

Date of Death, January 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Nigel

Sex, Male or Female, {Cross out the words not required in this line.} Male.

Age, ... *Years,* Six *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 261 E. Eager Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Two (2) Days.

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, June 16, 1878

Undertaker, Henry Lach

Place of Business, 309 Central Ave

R. D. Lewis M.D.
Medical Attendant.

Address S.E. Cor Eager & Caroline Streets

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 229444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1978 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rodney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 24 Union St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Union St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 16th

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

H. F. Knight *M. D.*
Medical Attendant.

Address 12 Union St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22945,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Eliza Orem

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* 11 *Months,* 3 *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 299 Columbia Ave

Cause of Death, First (Primary,) Pulmonary Congestion

Second (Immediate,) Heart Disease

Duration of Last Sickness, Seven (7) Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, January 17-1878

Undertaker, J. B. Blackiston Son

Place of Business, 600 W. Balto St

Jno A Sloan M. D.
Medical Attendant.

Address 1st & Scott Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th of January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Regina Overbeck

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 55. *Years,* *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. 21 Watson St.

Cause of Death, { First (Primary,) Apoplexy. / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 16/78

{ *Undertaker,* Ch Ramsey / *Place of Business,* 136 E Fayette *Address*

Fred. Hutto M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22947.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, 4 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 15th. 1878

Undertaker, Samuel Bowen

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address, 201 N. Bridle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22948.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 14. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Schisler

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Fifty Eight *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 32 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Spruce Alley.

Cause of Death, {First (Primary,) Heart disease. Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Catholic Cemetery

Date of Burial, January 15th 1878

Undertaker, The Weig

Place of Business, 91 Eutaw Ave.

D. C. Ireland M.D.
Medical Attendant.

Coroner's Visit

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Ann Givingston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* 9 *Months,* 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 295 N. Bond St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 16th

Undertaker, Geo. Schilling

Place of Business, 18th and Eastern Ave

J. H. Patton M. D.
Medical Attendant.

Address 56 E. Baltimore
Cor Bethel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis M Wagner

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 116. Hanover st

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) .....

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, January 16. 1878

Undertaker, H. A. Dauer

Place of Business, 74 S. Broadway

J. W. Webster M.D.
Medical Attendant.

Address, 57 Bunner

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2 2 9 5 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Holmes

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 6 8 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 60

Place of Death, {Give street and number.} 41 S Green St.

Cause of Death, {First (Primary,) Ac. Pleuro Pneumonia.
Second (Immediate,) Asthenia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 16 1878

Undertaker, Wm. S. Hughes

Place of Business, # 238 Madison Ave

T. A. Ashby M.D.
Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22962

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Luber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 17 St James st

Cause of Death, {First (Primary,) Second (Immediate,)} Pseudo membranous Laryngitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, Jan 16

Undertaker, Geo Schilling

Place of Business, Ashland st Jones

L O Muldorff M. D.
Medical Attendant.

Address 125 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 145 E. Pratt St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mound Carmel

Date of Burial, Jan 15

James T. Sewell M. D.
Medical Attendant.

Undertaker, Kendlime Lippel

Place of Business, 5 Rowdst 157 *Address* 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

Date of Death, Jan 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Nunnelly

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, Wh

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 5 year

Place of Death, {Give street and number.} 19 Randall St.

Cause of Death, {First (Primary,)

Second (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, 10 mo.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Jan 16th 78

Undertaker, Armstrong & Denny

Place of Business, East Montgomery St

R. J. H. Tall. M.D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Joseph Wolf

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ~~Years,~~ *Months,* 16 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 315 N. Pratt St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 15th 1878

James A Steuart M.D.
Medical Attendant.

Undertaker, Jacob Wolf

Place of Business, 315 N Pratt St

Address, Comm of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. OVER.

Investigated by William Carroll Sanders Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hanley

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Coal dealer.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 353 E. Chase St.

Cause of Death, {First (Primary,)} Heart disease

{Second (Immediate,)} Dropsy

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 16th 1878

Undertaker, Wm. H. Buckman

Place of Business, 284 N. Gay St.

J. N. Hack M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

Date of Death, Jany 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy M. Dolliffe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 4 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, during life or nearly

Place of Death, {Give street and number.} 76 Saratoga St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, About 6 years

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D. C. Frank E. Bathell M. D.

Medical Attendant.

Date of Burial,

Undertaker, Wm. Jenkins & Son

Place of Business, 16 Light St *Address* 175 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 975

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22958,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15/1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Geller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 29 N. Eden St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, S. German Reform Cem.

Date of Burial, Jan 16. th 1878.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

G. Liebmann M. D.
Medical Attendant.

Address 68 N. Krut St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22959.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Zimmerman

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 83. ~~*Years*~~, *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20. 1/2 Year.

Place of Death, {Give street and number.} Pacca St.

Cause of Death, {First (Primary,) Hypertrophy Heart

Second (Immediate,) Dropsy}

Duration of Last Sickness, for Years?

All the above information should be furnished by the Physician.

Place of Burial, N. Alfhansus Cemetery

Date of Burial, Jan. 17th

Undertaker, Timmons

Place of Business, 311 Mulberry St

Louis (illegible) Dyer M.D.
Medical Attendant.

Address, 22 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Bayliss

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ~~*Years,*~~ *Months,* 14 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56. Parkin St.

Cause of Death, {First (Primary,) Capillary Bronchitis

Second (Immediate,) Acute Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 16th

Undertaker, L. Kummel

Place of Business, 311 Mulberry St

Louis Lo Vue *M. D.*
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Lucy A Rogers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton Co Va

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} 150 N. Stricker

Cause of Death, First (Primary,) Anemia

Second (Immediate,) Oedema Pulmonary

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Northampton Co. Va

Date of Burial, Jan. 17th

Jos. E. Clagett M. D.
Medical Attendant.

Undertaker, John H Weaver

Place of Business, 22 W Fayette St *Address* 18 South Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 976

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Night. Jan 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliza Ewing

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Armagh Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 25½ Greenmount Ave

Cause of Death, First (Primary,) Organic Heart Trouble Complicated

Second (Immediate,) With Chronic Bronchitis

Duration of Last Sickness, Died Suddenly.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jan 17 — 1878

Undertaker, John A Pedemonte

Place of Business, Cor Fremont and Monument Sts

Wilmer Brinton M. D.
Medical Attendant.

Address 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22963,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hoys Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 23 *Months,* 6 *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 13 mos 6 days

Place of Death, {Give street and number.} No 5. Bukers Ct,

Cause of Death. {First (Primary,) Cerebral Anaemia

{Second (Immediate,) Bony walls of head deficient. Bath

Duration of Last Sickness, Few hours. Fontanelle open Commencement

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 16th 1878

Undertaker, John James Gray

Place of Business, 65 Mulberry St

A Allen Jr M. D.
"
Medical Attendant.

Address 119 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Albrecht

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, two *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 35 N Dallas st

Cause of Death, {First (Primary,) Croupous Pneumonia

Second (Immediate,) two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 16th

Undertaker, C. H. Funk

Place of Business, No 35 N Dallas St.

L. Chiderdon M.D.
Medical Attendant.

Address 12 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Day

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Colored

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cecil

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 40 Stockton Ave

Cause of Death, First (Primary,) Dropsy of the Brain

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17 1878

Undertaker, [illegible]

Place of Business, 1[illegible] Howard

2nd Evaluation *M. D.*
Medical Attendant.

Address 542 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth W Erickson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 74 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent Island Queen Anns Co Md

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 97 N Stricker St

Cause of Death, First (Primary,) Decrepitude & old age

Second (Immediate,) Debility

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Queen Anns Co Md

Date of Burial, January 19/78

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

W. A. Keyser M.D.
Medical Attendant.

Address, 550 W Fayette Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 977

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22967.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Jany 15th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Glass

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 27 *Years,* 8 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Annapolis Md 6 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 325 N. Saratoga St.

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,) Metrijetis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loyd Street Cong. Cemetery

Date of Burial, Jan. 17

Undertaker, L. Hollander Sons

Place of Business, 22 N. Pratt St.

Abram B. Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Francis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } M

Age, One *Years,* Four *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 22 Smith St. Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 22 Smith St.

Cause of Death, First (Primary,) diphtheritic croup-

Second (Immediate,) " "

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ Loudon Park Cem. Silas Baldwin M. D.

Medical Attendant.

Date of Burial, Jany 16th 1878

Undertaker, Chas. H. Fox Address 151 Lanvale St.

Place of Business, 151 Lanvale Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22969,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Mannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 22 Smith St.

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,) " "

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Jany 16th 1878

Undertaker, Thos Everett 760

Place of Business, 760 Fell Ave

Lila Baldwin M. D.
Medical Attendant.

Address 110 Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Greutter.

Sex, Male ~~or Female~~; {Cross out the words not required in this line.}

Age, 89 *Years,* *Months,* *Days*

Color, Wh –

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Rotterdam. Holland.

Duration of Residence in the City of Baltimore, 84 yrs.

Place of Death, {Give street and number.} 222. S. Sharp St.

Cause of Death, {First (Primary,) Congestion of Lungs. / Second (Immediate,) 4 or 5 days.}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park. G.

Date of Burial, Jan. 17th 1878

{*Undertaker,* Th. T. Till.

Place of Business, 183 Columbia ave.

R. J. H. Tall M.D.
Medical Attendant.

Address, 152. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Dorsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, Negress *Sex,* ~~Female~~

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 9 Mulberry St.

Cause of Death, First (Primary,) Abscess in

Second (Immediate,) Organic

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 16

Undertaker, Herman Wagner

Place of Business,

D S Ikler M. D.

Medical Attendant.

Address 67 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lopez Carter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} Saratoga Court

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) Convulsions

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, January 16th 1878

Undertaker, Wm. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

Geo. G. Green M. D.

Medical Attendant.

Address 258 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22973,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16—1878 Jan 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Miller

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Learned Point~~.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} L Point.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Hull St. & Fort ave

Cause of Death, First (Primary,) Anemia

Second (Immediate,) Born delicate

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, January 17th 1878

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave

E W Lamay MD M. D.

Medical Attendant.

Address Patapsco & Boston St Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 17 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Found Jan 15th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Died of or about the 15th *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} Found Jan 15th in mouth of 13 Calvert St

Cause of Death, First (Primary,) Unknown (Jury Verdict)

Second (Immediate,) Unknown (Jury Verdict)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Pratt Cemetery

Date of Burial, Jan 17th

Undertaker, Charles Strieper

Place of Business, Pratt & Chester Sts

Edwd Wrather *M. D.*
Medical Attendant.

Address Corner Pratt & Dr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ruth Cathcart.

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Seventy Two (72) *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Harford County Md.

Duration of Residence in the City of Baltimore, Two weeks.

Place of Death, {Give street and number.} 123 Division St.

Cause of Death, First (Primary,) Cardiac Disease,

Second (Immediate,) Cardiac Disease.

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Oak Land Harford Co

Date of Burial, Jan 17

Undertaker, C W Bizzard

Place of Business, 201 Pearl

J. C. Fox. M.D.
Medical Attendant.

Address, 1511 Penna Ave Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit 978

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22976 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie R. Thompson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 21 years 9 mos

Place of Death, {Give street and number.} 367 Cathedral Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, Sixteen months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 18th 1878

Undertaker, Chas T Sevins

Place of Business, 211 N Eutaw

H. Clinton McSherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22977.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Martha Henry

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 4 years *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, nothing

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City, Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} No. 41 Leadenhall St

Cause of Death, First (Primary,) Scrofula Hereditary

Second (Immediate,) Inflamation of the Brain

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 17th 78

Undertaker, Francis Kass

Place of Business, 25 Conway St

Maryland M. D.

Medical Attendant.

Address, No 46 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22978,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent Island Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 242 E. Howard St

Cause of Death, {First (Primary,) Schirrus Uteri

Second (Immediate,) 1 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shot St Cemetery

Date of Burial, 18th inst

Undertaker, A. Ross

Place of Business, Cor. Pac & L Pacy

Jas V. Benson M. D.
For Dr. J. H. Mills
Medical Attendant.

Address 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 22 Mansfield St (Mansard)

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflamation of the Bowells 5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 17th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts.

Theodore Cod E M. D.
Medical Attendant.

Address 146 - Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Ann Waters

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 29 *Years,* —— *Months,* —— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt Co Md

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 5 Parrish alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Puerperal Peritonitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17th 1878

Undertaker, Chenoweth & Co

Place of Business, Penna Ave

James A Steuart M.D.

DISTRICT PHYSICIAN.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Sanitary Inspector

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Trust

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Housekiper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pensylvania.

Duration of Residence in the City of Baltimore, 19 Years.

Place of Death, {Give street and number.} 124 South Bethel St.

Cause of Death, First (Primary,) Fibroid Tumor of Uterus, 8 years.

Second (Immediate,) Peritonitis.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 18th 1878.

J. L. Sullivan. M. D.
Medical Attendant.

Undertaker, Leonhard Feiss

Place of Business, S. Bond St. No 277.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 31 yrs 5 mos

Place of Death, {Give street and number.} 247 North Stiles St

Cause of Death, First (Primary,) Phthisis Pulmonalis, Second (Immediate,) Intoxidization of the last fourteen months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 18. 1878

Undertaker, M. A. Dwyer

Place of Business, 94 S. Broadway

E. Geo. Wells *M. D.*
Medical Attendant.

Address 171 E. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Louisa Seymour

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 150 Eutaw St.

Cause of Death, {First (Primary,) Cancer of Bowels.
Second (Immediate,)

Duration of Last Sickness, eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 18th 1878

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St

John F. Lemmerie M. D.
Medical Attendant.

Address S.W. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, he cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thornton

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt. Infirmary Cor Lombard & Green Sts.

Cause of Death, {First (Primary,) Pelvic cellulitis & Peritonitis

Second (Immediate,) Asthenia}

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Jan 17th 1878

Undertaker, F. A. Kerchner

Place of Business, Corallor Ave

T. A. Ashby M.D.

Medical Attendant.

Address, Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible] 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the words not required in this line.} [illegible]

Age, 1 *Years,* 10 *Months,* 2 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country (and how long in United States, if of foreign birth.)} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16

Undertaker, William A. Dunphey

Place of Business, 62 East St

[illegible] M. D.

Medical Attendant.

Address. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Mabel Abell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 177 Penn Avenue

Cause of Death, {First (Primary,) Tuberculer Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Londen Park Geo. B. Reynolds M. D.

Medical Attendant.

Date of Burial, Jan 18

Undertaker, C H Shizard Address 43 N. Calvert

Place of Business, 201 Penn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24987 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Carroll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md Ireland ~~Balto~~ 52 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 N. Caroline St

Cause of Death, {First (Primary,) ____ Second (Immediate,) Heart Disease

Duration of Last Sickness, Broke Dead

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 19 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

J. J. Tuck M. D.
Medical Attendant.

Address 137 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Open

[OVER.]

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES OR DA... ...TAIL.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22988,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1878 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Sauder

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 36 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, {Give street and number.} 17 Stockholm

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's Cemetery

Date of Burial, 21 January.

Undertaker, D. Hearle.

Place of Business, 71 Light.

H Darling *M. D.*
Medical Attendant.

Address 252 Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} "Asa Barrett

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 9 *Years,* 2 *Months,* 9 *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bolton Mass

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 625 W. Lombard St

Cause of Death, {First (Primary,) old age

{Second (Immediate,) General Debility

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount James A Steuart M. D.

Date of Burial, Jan 19 1878

{*Undertaker,* I. J. B. Cook

{*Place of Business,* W. Balt St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Information by his son — Francis O. Barrett

Dr. I. H. Butler

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22990.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Zammetzer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} S. E. Cor. Alice Anna & Caroline Sts.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 18 78

Undertaker, W. Keech

Place of Business, No. 33 Bank St.

John H. Rehburger M.D.
Medical Attendant.

Address 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Boone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 174 York St

Cause of Death, {First (Primary,)} Phthisis Pulmonalis

{Second (Immediate,)} " "

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 20 1878

Undertaker, J. W. Watson

Place of Business, 491 S. Howard St

L. A. Bell M. D.
Medical Attendant.

Address 161 So. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Burtin

~~Sex.~~ *Male or* ~~*Female,*~~ {Cross out the words not required in this line.}

Age, 57 *Years,* 9 *Months,* — *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 113 N. Schroeder

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jany 9th 1878

Undertaker, Pleasant

Place of Business, 211 Baltimore St

T. H. Buchanan M.D.

Medical Attendant.

Address, 314 Fremont

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 22993, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17. Jan 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hand

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} md —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 274 Park ave

Cause of Death, {First (Primary,) difficult & prolonged labor of mother / Second (Immediate,)}

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, January 18 1877

Undertaker, Chas T Scriven

Place of Business, 270 N Eutaw st

M. D.
Medical Attendant.

Address 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22994.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul. Jas. Murray

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 2 *Months,* 17 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} M d

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 7 Wilcox St.

Cause of Death, {First (Primary,) Scarlet fever

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 18 1878

Undertaker, John J Kolenda

Place of Business, 20 Fremont St

Jno. Brooke Byrd M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan, 17/878, 9 00 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary L. Fleming

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2y *Months,* 10 *Days.*

Color, W

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 74 Stiles St

Cause of Death, First (Primary,) ———

Second (Immediate,) Pneumonia

Duration of Last Sickness, five day

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Jan 19 1878

A L Shortzhund *M. D.*
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 1011 Lemmon

Address 11 S Eight St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22996,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Years, about 4 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, Home 2 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Congenital syphilis

Second (Immediate,)

Duration of Last Sickness, dying when admitted

All the above information should be furnished by the Physician.

Place of Burial, Catholic cemetery

Date of Burial, Jany 18. 1878

Undertaker, Saml Brown

Place of Business, 152 Division

Mabury Brown M.D.
Medical Attendant.

Address, 201 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22997.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Hall

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 23 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, Work in Bottle Store

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, nearly all his Life

Place of Death, {Give street and number.} 1 Pratt & 4 doors west of Eutaw

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) ...

Duration of Last Sickness, Nearly first 2 Years: ill after Hemorrhage 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 20th 1878

Undertaker, Hy W. Mears

Place of Business, 45 N Gay St

... M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1918 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Mae

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 126 Park Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Jan 19 1918

Undertaker, J. B. Blackistone Son

Place of Business, 606 Balt st

K. K. Kucas M. D.
Medical Attendant.

Address 1024 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 22[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22999.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane & John Sanderson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male (Twin)

Age, ~~Years~~, 12 hours ~~Months~~, ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 286 E. Monument St

Cause of Death, {First (Primary,)} Premature Birth (Twin

{Second (Immediate,)} Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 19 1878

Undertaker John Sanderson

Place of Business, E Monument St

James H Steuart M.D.
~~Medical Attendant~~

Address, Commissioners Health Dept Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robt Jackson Sanitary Inspector

(over)

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23000 1/1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1878 TIMED

Date of Death, Jan 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane & John Sanderson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male Twin

Age, ... *Years,* 12 Hours ~~Months~~, ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 286 E. Monument St

Cause of Death, {First (Primary,) Premature Birth

{Second (Immediate,) Asphyxia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 19th 1878

Undertaker, John Sanderson

Place of Business, E. Monument St.

James A Steuart M.D.
Medical Attendant.

Address, Commrs of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson Sanders [OVER.]
Inspector

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Mathews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 24 *Days.*

Color, ____ *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Brydon St City

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} Evans Court

Cause of Death, { First (Primary,) pthisis

Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 18. 1878

{ *Undertaker,* William F Dunyne

{ *Place of Business,* 62 East st

E Hall Ridge M. D.
Medical Attendant.

Address 157 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to [illegible] within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth F Wells

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 Yrs 11 Mo 14 D

Place of Death, {Give street and number.} 331 Harford Ave

Cause of Death, { First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,) Also Spinal Meningitis

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem't A. C. Haltom M. D.

Medical Attendant.

Date of Burial, Jan 20 th 1878.

{ *Undertaker,* H. Hofmann *Address* 417 N. Eutaw

{ *Place of Business,* 63 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23003,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janr 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa C Baker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} S Caroline 152.

Cause of Death, First (Primary,) Bronchial Catarrh.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, Jan 20th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av.

John A Schultz, M. D.
Medical Attendant.

Address N E Cor Gough & Eden.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 230124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane McAleer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 5 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 444 Eastern Ave.

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate.)}

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Jan 20th

Undertaker, H Strickler

Place of Business, 246 Eastern Av

James S. McShane M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lapp

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gun Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 153 Preston st.

Cause of Death, {First (Primary,) Paralysis.

Second (Immediate,) 41

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 20 1878

Undertaker,

Place of Business,

Geo E Cyk Coroner *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and d[redacted]ath, excep[redacted]es of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Justin A Camejo

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Puerto Spiritus (Cuba)

Duration of Residence in the City of Baltimore, Nine years.

Place of Death, {Give street and number.} Eastern Ave. No. 439

Cause of Death, First (Primary,) Chronic bronchitis. Bronchiectasis.

Second (Immediate.) Chronic pleurisy

Duration of Last Sickness, two months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 20th 1878

Undertaker, J. H. Cook

Place of Business, 1707 W Baltimore Street *Address*

Geo. Lopez M. D.
Medical Attendant.

1 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

Permit No. 23117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Stocket

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N Henry St.

Cause of Death, {First (Primary,) Meningitis / Second (Immediate.)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 20th 1878

Undertaker, [illegible]

Place of Business, 1670 N. Baltimore street *Address* 538 W. Lafayette St

John Duff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th day

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs A Babcock

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 45 — *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Shirt Sewer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, few weeks

Place of Death, {Give street and number.} 11 S. Carolina St

Cause of Death, First (Primary,) Disease of Heart

Second (Immediate,) —

Duration of Last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, N.E. Cem Phil Road

Date of Burial, January 20th 78

Undertaker, Mr. Isey & Bro

Place of Business, Cor of B. Way & Fay Ave St

L. Donaldson M.D.
Medical Attendant.

Address, 108 Portland St Balto.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23009.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino Hinton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 58 Ramsay st

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem.

Date of Burial, Jan 20 [illegible]

{*Undertaker,* [illegible] Kranz

Place of Business, 209 Hanover

A. J. Steers M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Columbia Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, W. *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 68 Years

Place of Death, {Give street and number.} Aged Women's Home

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jany 20 1878

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Geo H. Snyder M. D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23011,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret T. O'neill

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 23 *Years,* 7 *Months,* 17 *Days*

Color, white

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland — 11 years

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 180 E. Eden St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, Jan 20th 1878

Undertaker, I. B. Cook

Place of Business, W. Balto St

James A Steuart M.D.

Resident Physician

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Carroll — Sanitary Inspector

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Graham.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 11 *Months,* 18 *Days.*

Color, White *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Deputy Harbor Master

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 154 Pennsylvania Avenue.

Cause of Death, First (Primary,) Anuryism - (left popliteal).

Second (Immediate,) Septicaemia.

Duration of Last Sickness, 2 Weeks 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan. 20. 1878

Undertaker, M. A. Daye

Place of Business, 74 S. Broadway

R. T. Irvine M. D.
Medical Attendant.

Address Lamb's Ln + Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 23013

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 17/78 (Splanna)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Splanna

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Lonsho Hospitab

Cause of Death, First (Primary,) Chronic Epilepsy

Second (Immediate,) Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 19, 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Oscar J Cookey M.D.
Medical Attendant.

Address, 188 N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

Date of Death, Jan 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Connelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 2 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 125 Lurtleton

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 125 Lurtleton

Cause of Death, {First (Primary,) Second (Immediate,)} Strangulation

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 19th Jan 1878

Undertaker, Julius Keehly

Place of Business, Cor Pratt & Eutaw sts

Geo. H. Ponsonby *M. D.*
Medical Attendant.

Address 114 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

Date of Death, Jan 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Hess

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germantown Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 19 S Bethel St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, Jan 20 1878

Undertaker, Hughes & Co

Place of Business, *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otilda Muth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* 4 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lived with her Father

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 253 Argyle Avenue

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About 8 Months

All the above information should be furnished by the Physician.

Place of Burial, H. Mt. Hebron Cemetery

Date of Burial, Jan. 21. 1878

H. H. Johnson M. D.
Medical Attendant.

{*Undertaker,* George Jackson *Address* 146 Park Ave
{*Place of Business,* 1711 Eutaw Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23017

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E Anthony

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 348 Myrtle av

Cause of Death, {First (Primary,) Typhoid Fever
Second (Immediate,) Peritonitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 21st 1878

Undertaker, John J Andrews

Place of Business, 4 X 6 Druid Hill Avenue

C Winslow M. D.
Medical Attendant.

Address 23 W Cullohsh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Hellmuth

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 44 *Years,* ____ *Months,* ____ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 2y yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 100 N. Paca

Cause of Death, {First (Primary,) Acute Pneumonia / Second (Immediate,) Jaundice}

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 20, 1878

Undertaker, Henry Keech

Place of Business, 209 Lombard St.

Henry Mudd M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23019 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Hamm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 1 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} Merchant nr

Cause of Death, First (Primary,) .....

Second (Immediate,) Disease of Heart

Duration of Last Sickness, Four Months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 21st Jany 1878

Undertaker, Wm. Deakins & Son

Place of Business, 16 Light St

C. Hamm M. D.
Medical Attendant.

Address 21 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 *Days.*

Color, White *Sex,* Male

~~*Married*~~ *Single,* ~~Widowed or Widower~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 163 W. Lombard St.

Cause of Death, {First (Primary,) Cyanosis / Second (Immediate,)

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Jan 19th 1878

Wm Gombel M. D.
Medical Attendant.

{*Undertaker,* L. Sheppee
Place of Business, E. Pratt St *Address* 163 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23021,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Sophia Hawson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 288 Orleans St

Cause of Death, {First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. C. Child Road

Date of Burial, Jan 21

{*Undertaker,* Fry Bro

Place of Business, 541 W Broadway

G. G. Miller Jr. M. D.
Medical Attendant.

Address 541 W. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Night Jan 18th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Dodge.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 14 Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Loan Line Rd Mulberry St. Bonelas Primrose

Cause of Death, {First (Primary,) Second (Immediate,)}

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 20th

Undertaker, Geo. Gilling

Place of Business, Fish and S. Exch.

Wilmer Brinton, M. D.
Medical Attendant.

Address 25 1/2 Gay st. Exchange

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert, R. J. Chandler

Sex, Male or Female, {Cross out the words not required in this line.}

Age, One *Years,* 4 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, One year & 4 months

Place of Death, {Give street and number.} No. 246 E Madison St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) " Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 21st

Undertaker, Lockhilling

Place of Business, Holland square

Wm. E. Russell M.D.
Medical Attendant.

Address, Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Worley

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, Negress *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} America City

Duration of Residence in the City of Baltimore, Her Lifetime

Place of Death, {Give street and number.} No 18 Druid Alley

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hospital Burying Ground — *Physician* M. D.

Medical Attendant.

Date of Burial, 20th January 1878

Undertaker, Wm Lewis *Address* 57 & Calvert St

Place of Business, Walker & Lewis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Jane Raves

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Fulton Street Asylum

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 20/78

Undertaker, Wm. Jenkins & Son

Place of Business, 16 Light St

H. H. Wilson M. D.
Medical Attendant.

Address 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23026,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Nicholas Hollins

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 78 *Years,* 3 *Months,* 28. *Days.*

Color, W *Sex,* M

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Naval Officer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 134 Cathedral St

Cause of Death, First (Primary,) Senile Heart disease with Bronchitis

Second (Immediate,) Paralysis

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Yard

Date of Burial, Jan 21 1878

Undertaker, Wm Jenkins & Son

Place of Business, 16 Light St

Richard McSherry M. D.
Medical Attendant.

Address 189 W Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23027

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19. Jan. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Fisso Fisso

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 145 Stirling st

Cause of Death, {First (Primary.) Second (Immediate.)} Pleuritis

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 21 1878

Undertaker, Henry Heath

Place of Business, 309 Central Ave

Hoffmeier M.D.
Medical Attendant.

Address, 57 Lexington st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Ellinghausen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 6 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25. S. Canal St

Cause of Death, First (Primary.) — Imperfect formation of Rectum

Second (Immediate,) — Spasms — etc

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 20 1878

Undertaker, Wm. Duffy

Place of Business, S. Bond St

Wm. D. Holmes, M. D.
Medical Attendant.

Address 8 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1878 REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hayson Coale

~~*Sex,* Male or *Female*~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Hay merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} No 510 Fremont St

Cause of Death, First (Primary,) Consumption of the Lungs

Second (Immediate,)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loreden Park Chas E Sadtler M. D.

Medical Attendant.

Date of Burial, Jan 19 1878

Undertaker, Blackistenson Address 649 Pennsylvania

Place of Business, W Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Woolrick

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 46 yrs *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll County Md

Duration of Residence in the City of Baltimore, Thirty five or forty years

Place of Death, {Give street and number.} 73 N Schroeder

Cause of Death, {First (Primary,) Bronchitis / Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, about 13 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 21st 1878

Undertaker, Jno B Leach

Place of Business, 1207 W Baltimore St

W. Hammond M.D.
Medical Attendant.

Address, 53 N Paca St Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Magee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 73 N. Front St

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} 73 N. Front St.

Cause of Death, First (Primary,) Suffocation / Urine

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan. 21/78

Undertaker, J Kennedy

Place of Business, 1366 Fayette St.

A. F. Yeates *M. D.*
Medical Attendant.

Address 132 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Voglet

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Thirty Seven *Years,* Four *Months,* *Days

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 13 Forrest St.

Cause of Death, {First (Primary,) Gastroenteritis

Second (Immediate,)

Duration of Last Sickness, I think about four days. I saw her once only

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 21 January 1878

Undertaker, John P. Poules

Place of Business, 66 Frederick St.

J. G. Linthicum M.D.
Medical Attendant.

Address, # 684 W Fayette St

HEALTH DEPARTMENT JAN 20 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Subject

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1878 BALTIMORE

Date of Death, January 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gallagher

Sex, Male or Female, {Cross out the words not required in this line.}

Age, One *Years,* 6 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, One year 6 months

Place of Death, {Give street and number.} 238 N Durham st

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Dallas st & methy

Date of Burial, Jan 20th 1878

{*Undertaker,* Theodore J. Cook

Place of Business, 516 Jefferson st

Jm. Le Russell M.D.
Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 230314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 19th 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy Handlin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

HEALTH DEPARTMENT JAN 20 1878 BALTIMORE

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 194 East St

Cause of Death, {First (Primary,) / Second (Immediate,) Double Pleuro Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery Geo. B. Reynolds M. D.

Medical Attendant.

Date of Burial, Jan 21st 4 o'clock P.M.

Undertaker, Geo. C. Rodemeyer Address 43 N. Calvert

Place of Business, 38 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac C. Hankins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, Eight yrs

Place of Death, {Give street and number.} No 201 E Baltimore st

Cause of Death, First (Primary,) Inflammation Kidneys, (acute)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery W. P. Clarke M. D.

Date of Burial, 21 January 1878 Medical Attendant.

Undertaker, H. Sander 232 Caut. Ave. *Address* 235 Gough st

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18" 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C. Good

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 21 *Years,* ____ *Months,* ____ *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 Sterling St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) "

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20" 1878

Undertaker, W. A. Dunger

Place of Business, East St

James A Steuart M.D.
Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Mrs Connell, S. S.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Queen

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* *Months,* 13 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hughes St Court 1 Between

Cause of Death, First (Primary,) " "

Second (Immediate,) " "

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, Jan 20 "1877

Undertaker, James Davis

Place of Business, 103 Lee St

James A Steuart M.D.
Medical Attendant.

Address, Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28038

JAN 22 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. M. Faust

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, C

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 37 N. Schroeder St.

Cause of Death, {First (Primary,) C

Second (Immediate,) Diphtheria - Malignant.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, January 20th 1878

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

R. H. P. Ellis M. D.
Medical Attendant.

Address Mt. Hygeia Schroeder St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram William Kuperus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* ~~X~~ *Months,* 2 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 107 Saratoga St.

Cause of Death, {First (Primary,) Inanition / Second (Immediate,) Essential Convulsions.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, Jan 21. 1878

Undertaker, Jos. E. Jones

Place of Business, No 63 Penn

John A. Dearer *M. D.*
Medical Attendant.

Address 93 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January. 19th. 8 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Dennis

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 92 *Years,* — *Months,* — *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset County. Maryland.

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give street and number.} Raborg Street. No: 266

Cause of Death, First (Primary,) ....

Second (Immediate,) Phthisis.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Jany 21 1878

Undertaker, 48 W. Chase St

Place of Business, No 198 Howard

Sam'l Johnston M. D.
Medical Attendant.

Address 80 Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1878. 11.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Young.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 39 years.

Place of Death, {Give street and number.} 55 Chestnut St.

Cause of Death, {First (Primary,) Always.
Second (Immediate,) Bronchitis

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 22 1878

Undertaker, S H Chase

Place of Business, No 198½ Howard St

Erwin P Andrews M. D.
Medical Attendant.

Address 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny Maynard

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 24 *Years,* ... *Months,* ... *Days.*

Color, Col'd *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Somerset Co Maryland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give street and number. } 216 Seckelwell St

Cause of Death, { First (Primary,) ... Consumption
Second (Immediate,) ... }

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 23 1878

Undertaker, S. Applebaum

Place of Business, 213 Hanover st

J J Stucky M. D.
Medical Attendant.

Address 240 South Eutaw St
Balt City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23043,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE. JAN 21 1878

CERTIFICATE OF DEATH.

Date of Death, January 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L Forest

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 Raburn street

Cause of Death, {First (Primary,) Croup; Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Mount [redacted]

Date of Burial, Jan 22 1878

{*Undertaker,* E H Chase
Place of Business No 198 Howard

J J Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23044.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JAN 21 1878 JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna A. & Wm H. Thomas (Parents

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ~~Years,~~ *Months,* 8 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Bolton St

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 21st 1878

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St

James A. Steuart M.D.

~~Resident Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Investigation by Robert Jackson Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23045,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Virginia Moore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 17 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 184 Scott st

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Pneumonia

Duration of Last Sickness, About 11 weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cemetry.

Date of Burial 22nd Jany.

Undertaker, Ph. T. Dill

Place of Business, 183 Columbia ave

J. H. Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23046.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Helen Offney

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* Three *Months,* Seven *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Three months & Seven Days

Place of Death, {Give street and number.} # 361 Hollins St.

Cause of Death, {First (Primary,) = Catarrh Fever "

Second (Immediate,) .....

Duration of Last Sickness, About Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 21 1878

Undertaker, John P Paul

Place of Business, 66 Frederick Ave

J. L. Smithmeyer M.D.
Medical Attendant.

Address, # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23047,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Miller

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 67 *Years,* ____ *Months,* ____ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 44 Aliceanna St.

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,) ____

Duration of Last Sickness, 10 Months.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Tuesday 22 / 1 / 78

Undertaker, Daniel Keesing

Place of Business, 136 East Fayette st

Abram J. Judd *M. D.*
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23048 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine M Von [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 8 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City —

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 114 Park Ave

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, 22d January 1878

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St

F. E. Chatard Jr. *M. D.*
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23049.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kraus

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 605 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} #19 St. James St.

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,) Effusion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Shonsar Cem. for A. Hartman & Son M.D.'S.

Date of Burial, January 22 1878 Medical Attendant.

Undertaker, Henry Stuck *Address,* #905 Maryland St.

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23050,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Mynster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 ? *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Sailor on Pungy Sally Solomon

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Foot of Block St

Cause of Death, {First (Primary,) Accident (Intemperance

{Second (Immediate,) Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E Pub Cemetery

Date of Burial, Jan 21

Undertaker, Charles Draper

Place of Business, Pratt Chester Sts

Dan'l D Walker M. D.
Medical Attendant.

Address Coroners P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1870 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Stewart

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 37 *Years,* 3 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 2nd

Duration of Residence in the City of Baltimore, 8 Years 4 & 8 months

Place of Death, {Give street and number.} 222 Preston St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Four months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 21

Undertaker, C. T. Blizzard

Place of Business, 201 Bond

Tho. S. Latimer M.D.
Medical Attendant.

Address, 218 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, he cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Eckelpline

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 102 E. Avenue

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) Edandpeia

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Jan. 22d

Undertaker, Wm. Ann Pp

Place of Business, 1635 Bank R. St.

James E. Donnelly M. D.
Medical Attendant.

Address 2996 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis M. Mc Gee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 5 *Months,* 3 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 50 N. Arlington Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Ft Peale

Date of Burial, January 22

Undertaker, J B Cook

Place of Business, 707 W Balto

L. W. Knight M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B. Hart.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 Years, 7 Months, 2 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Street Contractor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} N. Caroline st. 62.

Cause of Death, First (Primary,) Apoplexia paralitica

Second (Immediate,) Paralysis Complete

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Butts Cemetery

Date of Burial, Jan. 22d 2 p.m.

Undertaker, J. Conry Sandtown

Place of Business, 250 Eastern Av.

Chas. Chlich M. D.
Medical Attendant.

James E. Denville M.D.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23055,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Three *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 18 N. Mount St

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} 18 N. Mount Street

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) "

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22 1878

W. H. Miller M. D.
Medical Attendant.

Undertaker, John Kuehn

Place of Business, No 150 Canton *Address* 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Day

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* Nil *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, On the house

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annarundle Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 676. W. Lombard St

Cause of Death, First (Primary,) Bronchial Consumption

Second (Immediate,) Exhaustion & marasmus

Duration of Last Sickness, Eight years failing

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 22d 1878

Undertaker, John Meehan

Place of Business, 150 Camden

Dr Carey Howes M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Duffy

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, Wh —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Brooklyn, N. Y.

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and number.} 98 S. Eutaw St.

Cause of Death, {First (Primary,)

{Second (Immediate,)} Diagnosed: Cancer of Liver - 18 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Hebron Cemetery

Date of Burial, Jan'y 22d 1878

{*Undertaker,* John Mancher

{*Place of Business,* No 150 Eutaw

R. J. N. Tall M.D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23087.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

Date of Death, Jan 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Jane Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 7 *Months,* 2 *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Mount Pleasant Township of Harris County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 147 Scott st

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 10 Month

All the above information should be furnished by the Physician.

Place of Burial, Oxford Adams Co Pa

Date of Burial, Jan 21st 1878

Undertaker, John Shreiner

Place of Business, No 150 Camden St

Said Interment

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 981

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thurs. Jan 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F Salmon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Paper Hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 422 N. Eden st.

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) " "

Duration of Last Sickness, 4 or 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 22, 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

A. Slaton M. D.

Medical Attendant.

Address 447 N. Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Robbins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County, Md.

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 185 S. Chester Street

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md

Date of ~~Burial~~ Removal, Jan. 22. 1878

Undertaker, M. A. Daige

Place of Business, 74 S. Broadway

Chas. E. McShane M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 982

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Maddelena

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and number.} 2/2 Bond St. City.

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudenberg

Date of Burial, Jan 22 1878

J. G. Wolfstein *M. D.*
Medical Attendant.

Undertaker, William Berger

Place of Business, No 10 Stockdale Alley *Address* Fayette Pleasants

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23062,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1878,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Hawkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 7 *Months,* *Days.*

Color, colored.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Co. Md

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number.} 1 Bethel, Court,

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22d 1878

{*Undertaker,* [redacted]

{*Place of Business,* 63 Hubbard St

Edward Russell M. D.

Medical Attendant.

Address 137 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23063,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Kalbfleisch

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 20 *Years,* 7 *Months,* 11 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, barber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} No 6 Jackson's Court

Cause of Death, First (Primary,) Pulmonary Phthisis.

Second (Immediate,) the same

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Jan 22d

Undertaker, Kennett

Place of Business, 311 Baltimore st.

Henry Jaffe M. D.
Medical Attendant.

Address, 165 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

State of Maryland, City of Baltimore,

Permit No. 23064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE

Date of Death, Jan 19 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B Calvert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cetty

Duration of Residence in the City of Baltimore, 111 Parkin st

Place of Death, {Give street and number.}

Cause of Death, {First (Primary.) Congestion Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount olivet cemetery

Date of Burial, Jan 22 nd 1878

{*Undertaker,* A Black

{*Place of Business,* 1707 W Baltimore street

Address 542 W Lombard st

Sml Enterline M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23065

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos S. Hinchester

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Residence of

Cause of Death, {First (Primary,) Acute Phthisis

Second (Immediate,) 6 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 22nd/78

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Geo. R. Benson *M. D.*

Medical Attendant.

Address 144 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23066 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January Twenty First 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifteen (15) *Years,* Six (6) *Months,* —— *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Newsboy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Fifteen Years & Six Months

Place of Death, {Give street and number.} No 226 N Caroline St

Cause of Death, First (Primary,) Carcinoma

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23d/78

Undertaker, Geo Schilling

Place of Business, Ashland Square

A. P. Yeatis M. D.
Medical Attendant.

Address 132 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[illegible] Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hamel Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color, M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Poultney St

Cause of Death, {First (Primary,) Pneumonia Intestitis

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, H Fitters Burying Ground.

Date of Burial, 22 January.

Undertaker, B. Harle.

Place of Business, 49 Light St.

D Schaeffer M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rozetta Peters

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give street and number.} 133 Mulliken St

Cause of Death, {First (Primary,) Billious Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, January 22d 1878

Undertaker, Wm James Jr

Place of Business, 65 Mulberry St

Geo. F. Watson M.D.
Medical Attendant.

Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23069.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Woodson J. Reed

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 24 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Shot 21 & 11

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22nd 1878

Undertaker, Thurdon J. Locke

Place of Business, 216 Jefferson st

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Bell

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Dover St

Cause of Death, First (Primary,) Malnutrition

Second (Immediate,) Inanition

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan 22 '1878

Undertaker, Jacob Davis

Place of Business, Hill St

James H Steuart M.D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wm Carroll Sanitary Inspector

OVER.

Permit No. 23071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Risner.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 29 Gay St.

Cause of Death, {First (Primary,) Dysphtheria

Second (Immediate,)

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 23 - 78

Undertaker, C F Krause

Place of Business, 269 Hanover St

Edward P Merrill M. D.
Medical Attendant.

Address 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23092

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Pickering

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 204 N. Fremont St

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate,) 7 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 23 1878

Undertaker, John McCaull

Place of Business, 40 & 70 Pearl St.

J. W. C. Cuddy — M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23073,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTIMORE JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 to 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Found Drowned Jan 21 in Dugans Wharf, near Boston Steam

Cause of Death, First (Primary,) Accident

Second (Immediate,) Drowning. Jury Verdict sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Balt Cemetery

Date of Burial, Jan 22

Undertaker, Charles Kreiser

Place of Business, Bait & Charles Sts

Edwd Reinhardt M. D.

~~Medical Attendant~~

Address Corner N & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Hildebrand

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 19 *Years,* — *Months,* — *Days.*

Color, W. *Sex,* F.

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 28 Homestead st

Cause of Death, {First (Primary,) Valvular disease of Heart

Second (Immediate,)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 23/78

Undertaker, C. Rosier

Place of Business, 136 E Fayette

A. T. Reynolds M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23075

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

Date of Death, January 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Wehmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 145 E. Pratt St.

Cause of Death, {First (Primary,) Diphtheritic Scarlatina / Second (Immediate,)

Duration of Last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Jan 22, 78

Undertaker, Henderson Dippel

Place of Business, 151 E Balto St

James E. Donnelly M.D.
Medical Attendant.

Address 199 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23076 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

Date of Death, 21 January 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara I. Bull

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 71 Mechanic & Division St.

Cause of Death, First (Primary,) Tuberculous meningitis

Second (Immediate,)

Duration of Last Sickness, about 2 weeks - I was in attendance only 2 days before death

All the above information should be furnished by the Physician.

Place of Burial, Loudon park Cem.

Date of Burial, January 23rd 1878 Charles Brown M. D.

Medical Attendant.

Undertaker, Christ Sevicers

Place of Business, 271 N Eutaw st Address 201 N. Liddle A.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2307.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A. Straughan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, {Give street and number.} 28 Mulberry St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) do

Duration of Last Sickness, Seven months failing

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 23rd 1878

Wm. H. Carey Thomas M. D.
Medical Attendant.

Undertaker, Chas. T. Severns

Place of Business, 2718 N. Eutaw St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fraud Dell man

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} In Somerset Street

Cause of Death, First (Primary,) Pneumonia Congestion

Second (Immediate,) Asphyxia

Duration of Last Sickness, 3 Three Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, January 23 1878

Undertaker, Henry Mott

Place of Business, 169 N. Central Ave

Fr. Sloan M.D.
Medical Attendant.

Address, E. Cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23079

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Deuel

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, One (1) *Years,* Five (5) *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 2820 Bond Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diptheritis

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, January 23 1878

Undertaker, Henry Keech

Place of Business, 307 Central Ave

S. Theobald M. D.
Medical Attendant.

Address Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23080,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Feuel

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 8 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all her life yr.

Place of Death, {Give street and number.} 233 East Biddle St.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diphtheritis

Duration of Last Sickness, & Five Days.

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cl.

Date of Burial, January 23 1878

Undertaker, Henry Hauch

Place of Business, 107 Central Ave.

S. S. Lucey M.D.
Medical Attendant.

Address, E. Co Eutaw & N. Carolina Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23081. OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23/78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 664 W. Pratt st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Ohe Creek

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Peters cemetery

Date of Burial, June 23 ad 1878

Undertaker, [illegible]

Place of Business, [illegible] Baltimore

H. L. Speed *M. D.*
Medical Attendant.

Address 37 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23082,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Henry Lombard

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, One *Years,* three *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 29 Bruce St

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No 10 Bruce St

Cause of Death, { First (Primary,) Pneumonia — Second (Immediate,) Pneumonia

Duration of Last Sickness, about 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 22 nd 1878

Undertaker, [illegible]

Place of Business, [illegible] Baltimore Street

D. C. Shuiver M. D.
Medical Attendant.

Address 626 Lemaigh Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23183,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Woods

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 322 Monument

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 22 - 1878

Undertaker, John S Rodenmayer

Place of Business, Cor Monument and N Monument St

Geo Brumley M. D.
Medical Attendant.

Address 43 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

Date of Death, January 21. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenora Applegate

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11. *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 171. Hanover St.

Cause of Death, First (Primary.) Diphtheria

Second (Immediate.) Diphtheritic Croup

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 23 1878

Undertaker, Wm Thacher

Place of Business, No 150 Camden

Thos Ord & Bro M.D.
Medical Attendant.

Address 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23085

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Chas L. Blackwell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Trailer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Heathville Northumberland Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Perry St

Cause of Death, {First (Primary,) Chronic Bronchitis
Second (Immediate,)}

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 22nd 1878

{*Undertaker,* Wm H. Bishop
Place of Business, 97 Druid Hill Ave

Geo. W. Benson M. D.
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Elizabeth Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Five *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 Chestnut Alley

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 22nd 1878

Sam'l Anderson *M. D.*
Medical Attendant.

{*Undertaker,* Wm Hitchcock *Address* Franklin & Fremont

{*Place of Business,* 97 Winchester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Elliott

Sex, ~~Male or~~ *Female,* { Cross out the words not required in this line. }

Age, about 20 *Years,* ——— *Months,* ——— *Days*

Color, Col'd

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 25 Guilford's Alley

Cause of Death, { First (Primary,) / Second (Immediate,) } Consumption one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemet'y

Date of Burial, Jan 24th 1878

Undertaker, P. Kemmert

Place of Business, Mulberry St

James A Steuart M.D.

~~Medical Attendant~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Investigation by William Carroll Sanitary Inspector

Permit No. 23088

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

Date of Death, Jany 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Anthony

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~90 N. Eden St~~ Maryland

Duration of Residence in the City of Baltimore, For Life

Place of Death, {Give street and number.} No 90 N. Eden St

Cause of Death, {First (Primary,) Pneumonia — Second (Immediate,)

Duration of Last Sickness, 4 Days: Four Days:

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial 23rd Jany

Undertaker, W. First & Bro

Place of Business, Broadway & Fagett

P. Ign. [illegible] *M. D.*
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23089.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Unknown~~ Noelle Eugene

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Sixty five *Years,* Im *Months,* *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Ninety four years

Place of Death, {Give street and number.} # 1 Calverton Road

Cause of Death, {First (Primary.) "Paralysis" (fourth attack)

{Second (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, January 23d 1878

{*Undertaker,* John F. Saulus

{*Place of Business,* No. 66 Frederick Ave

J. G. Smithicum M.D.
Medical Attendant.

Address, ~~#~~ 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Office of Registrar of Vital Statistics

Permit No. 23090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

...HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

Date of Death, January 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Louise Gunther

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, seven *Years,* six *Months,* twenty-one *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.} x

Occupation, x

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore x

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 428 Eutaw Place

Cause of Death, First (Primary,) Diphtheria (Malignant)

Second (Immediate,) Hemorrhage (Nasal)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan'y 25 1878

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St.

Riggin Buckler M. D.
Medical Attendant.

Address 135 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Permit No. 23091

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Yates Kent Jr

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert County Maryland

Duration of Residence in the City of Baltimore, Visitor Denver, Colorado

Place of Death, {Give street and number.} 296 Hopkins Avenue

Cause of Death, {First (Primary,) Hereditary Phthisis / Second (Immediate,) Hemorrhage

Duration of Last Sickness, died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md

Date of Burial, January 25th 1878.

{*Undertaker,* John S. Weaver / *Place of Business,* #22 W. Fayette St.

Julius Hall M.D.
Medical Attendant.

Address, 317 Hooker St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 983

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lewis

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 35 S. Strieker St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Spasm

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 24. 1878

Undertaker, Geo. W. Coffman & Bro.

Place of Business, 121 Pennsylvania Avenue.

Marbury Brewer M.D.
Medical Attendant.

Address 201 N. Bridle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23093,

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTM JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustee Webb

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Poland

Duration of Residence in the City of Baltimore, 11 Years.

Place of Death, {Give street and number.} 174 Hughes St

Cause of Death, {First (Primary,) Child birth

Second (Immediate,) Puerperal Fever & Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 24 1878

Undertaker, Julius Koehler

Place of Business, Sharp St

H. W. Dodge M. D.
Medical Attendant.

Address 201 Hanover St. Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23094

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Sheridan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 0 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Steamship Ohio on High Sea

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No 41 Lancaster St

Cause of Death, {First (Primary,) Scarlet fever / Second (Immediate,) Diphtheria

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pat's Hanover Cem

Date of Burial, Jan 23rd 78

Undertaker, Michael Frane

Place of Business, No 220 Cantonbury

J C Hinkemeitz M. D.
Medical Attendant.

Address 12 S. Edgar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 23 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Edgar Caulk

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, —— *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Lemon St

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,) 11 4

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 23rd Jan. 1878

Undertaker, Jno. A. Orr

Place of Business, 142 N. Eutaw

John Obrie *M.D.*
Medical Attendant.

Address, 398 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23096.

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilla Patterson

Sex, Male or Female, {Cross on the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 3 months

Place of Death, {Give street and number.} 27 Chew st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 23 Jan 4 Oclock PM

Undertaker, Geo. C. Rodemayer

Place of Business, 38 Enson Strait

A. F. P. Yeates M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith M Fairman

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, Two *Years,* Eleven *Months,* two *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #416 E Chase St

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Forty eight hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 23rd 1878.

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St.

A. Hartman M.D.

Medical Attendant.

Address, #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRATION OF VITAL STATISTICS.

Permit No. 23098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Launtin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} ~~Asylum~~ ~~Dr. H~~ Garrison Lt 11.

Cause of Death, First (Primary,) Acute Capillary Bronchitis.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23 1878

Undertaker, John C. Jordan

Place of Business, Park Ave

Duly S. Day M. D.

Medical Attendant.

Address Balto Med. Dispy.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23099.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Jenkins

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 8 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 S. Peters st

Cause of Death, First (Primary,) Paraplegia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Jan 23d 1878

Undertaker, Wm Shes & Co

Place of Business, 330 Fayette St

C. H. Buddenbrock M.D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23101

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the words not required in this line.} [illegible]

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country (and how long in United States, if of foreign birth.)} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of Death, {First (Primary,) [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

{*Undertaker,* [illegible]

Place of Business, [illegible]

[illegible] M.D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23101, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Dunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 109 Paterson Avenue

Cause of Death, {First (Primary,) Child Second (Immediate,) Inflamation of the Bowels

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 23-

{*Undertaker,* C H Blizzard *Place of Business,* 201 Penn av

Sheridan Pritchard M. D. Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu. 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Hammett Richards

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 5 *Years,* 0 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 365 Bond St.

Cause of Death, First (Primary,) Scarlatina Nephritis

Second (Immediate,) Oedema Pulmonum

Duration of Last Sickness, about 8 Days (25 from beginning of Scarlatina)

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 24th 1878

Undertaker, Wm D Hughes

Place of Business, 100 E Balto

Geo. A. Hartman M.D.
Medical Attendant.

Address, # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23103.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE.

Date of Death, Jan 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Orlando Capuccini

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Miner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Italy.

Duration of Residence in the City of Baltimore, Not Known.

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Fract of Spine

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Jan 23rd 1878

Undertaker, Chas. Stricker

Place of Business, E. Pratt St

Matthew M.D.
Resident Physician
Medical Attendant.

Address City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23104.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 Jan - 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie L. Ragland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Consumption 15. Hudson alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Hamden Balto Co

Date of Burial, Jan 24th 1878

{*Undertaker,* John J Andrews

Place of Business, No 486 Druid Hill Avenue

G L Tamyhill M. D.

Medical Attendant.

Address 129 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Filbert

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 4 *Years,* 6 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 431 N. Gay st. nr. Caroline

Cause of Death, {First (Primary,) Scarlatina Nephritis

Second (Immediate,) Oedema Pulmonum

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, 24 January.

{*Undertaker,* Adam Fink

Place of Business, 461 N. Gay St.

Geo. A. Hartman M.D.

Medical Attendant.

Address, * 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23d, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca J Lyons

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 51 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Frederick County Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} No 27 S Calhoun St

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, From 1st July 1877

All the above information should be furnished by the Physician

Place of Burial, Butler County

Date of Burial, January 25

Undertaker, J B Cook

Place of Business, 707 N Balto St

James Annitage M. D.
Medical Attendant.

Address No 14 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 23, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Anna Wallis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Annes Co. Md

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} 235 N. Biddle St.

Cause of Death, First (Primary,)

Second (Immediate,) Cardiac Dropsy

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery *M. D.*

Date of Burial, Jan 24th J. N. Hank *Medical Attendant.*

Undertaker, H. C. Wiedefeld *Address* 369 Druid H. Av.

Place of Business, 90 Guilmount Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 23108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel D. Chesley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Carey St N.W. Cor of Franklin

Cause of Death, First (Primary,) Cystitis Chronic

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery C Weaden M. D.

Medical Attendant.

Date of Burial, January 24 th 1878

Undertaker, William Weaver *Address* 130 Arlington Ave

Place of Business, No 202 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blessina Bond

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ~~Years,~~ 3 *Months,* ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3. O'Donnell St Chicken Lot—

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, ten days—

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 24th 1878

Undertaker, H. M. Gibmeyer

Place of Business, Canton Ave

James A Steuart M.D.

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Investigation by Robert Jackson — Sanitary Inspector

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23110.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Jacobs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} # 28 Argyle Avenue

Cause of Death, {First (Primary,) Peritonitis / Second (Immediate,)

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Jan 25th 1878

{*Undertaker,* Andrew Leitz / *Place of Business,* 118 Druid Hill Ave

C. H. Knowles M. D.
Medical Attendant.

Address W. W. Co Biddle & George Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23111.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah Davis

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 82 *Years,* — *Months,* — *Days*

Color, white

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Penn^a

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Aged Woman's Home - Fulton & Franklin (St

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem^y

Date of Burial, Jan 24th 1878

Undertaker, I. S. Machen

Place of Business, 150 Camden St

Jn^o D. Yamphin M.D.

Address, Comm^r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT
JAN
24
1878
BALTIMORE

#23111

name Mrs Sarah Davis

age 82

birthplace Penna.

Res in Balto —

place of death Methodist Home cor Franklin & Fulton

cause Consumption

duration of last sickness 6 years

med. attendant Dr L. Tarney 129 N Biddle

Undertaker

Place of Burial, Western Cemetery

Date " January 24th 1878

Undertaker, John S Thacher,

Residence, No 150 Canden St,

Baltimore Jan 24th 1878

Permit No. 2312.

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

Date of Death, 24th. January 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 11 *Months,* 24 *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Stickt, Bavary, Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} Canton. Avenue 320.

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexia sanguinea 3 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 1st Ev St Paul Cemty

Date of Burial, Jan 25th 1878

Undertaker, H Boehlich

Place of Business, 246 Eastern Av

William Henkel M. D.
Medical Attendant.

Address S. Wolfe & 112.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2 3 1 1 3,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Walther

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, Cau

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Berne-Germany 6 yrs in America

Duration of Residence in the City of Baltimore, 2 1/2 yrs

Place of Death, {Give street and number.} St Jos. Hospital

Cause of Death, First (Primary,) Lumbar Abscess

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 Ws

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 25th 1878

Undertaker, H. Schuetheis

Place of Business, Monument St

Oscar Coskery M.D.
Medical Attendant.

Address, 188 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Elsworth Brown

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 14 *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Fessier St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 24th 1878

Undertaker, John C. Jordan

Place of Business, Park Ave

James A Steuart, M.D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Investigation by Robert Jackson — Sanitary Inspector

Permit No. 2315.

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Snowden's Infant

Sex, Male or ~~Female~~. {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* Ten *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 67 Leadenhall St

Cause of Death, {First (Primary.)} Infantile Unknown

{Second (Immediate.)} .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Jan 24 1878

Undertaker, S. McShane

Place of Business, 923 Howard St

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carrol Co. Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 28 Peach alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)} 5 months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 25 1878

Undertaker, S W Chase

Place of Business, 188 S. Howard St

R. M. Hall M.D.
Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gross.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, ed

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {~~State~~ or country (~~and how~~ long in the United States, if of foreign birth.)} West River

Duration of Residence in the City of Baltimore, 62 yrs

Place of Death, {Give street and number.} Main St 18

Cause of Death, {First (Primary,) Brights Disease

Second (Immediate,) Gen Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 24 18 78

{*Undertaker,* S. H. Gilmore

Place of Business, 98 S Howard st

Jno G. Day *M. D.*
Medical Attendant.

Address Balto Co Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2318,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Cleary

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Jan 25th 1878

Undertaker, J. B. Cook

Place of Business, 70 W Bells St

Edwd F. Michael M.D.
Medical Attendant.

Address, 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Pierce

Sex, ~~*Male*~~ *or Female.* {Cross out the words not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Italy.

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number.} 5 Plowman St

Cause of Death, First (Primary,) Severe Burn

Second (Immediate,) Shock

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, January 24th 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Vogt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. of Lombard Street & Marshmarket Space

Cause of Death, {First (Primary,) typhoid fever / Second (Immediate,)}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, Jan. 29th 1878

Undertaker, H. Froglich

Place of Business 246 Eastern Ave

H. Albers M.D.
Medical Attendant.

Address 95 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Fulgum

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 39 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Norfolk Va

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} 20 Orleans St

Cause of Death, {First (Primary,) Consumption & Lungs / Second (Immediate,) —}

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Cemetery

Date of Burial, January 27

Undertaker, William A Dingman

Place of Business, 62 East Pratt

D. E. Jordan M.D.
Medical Attendant.

Address, 151 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1824

[OVER.]

Permit No. 23122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick P. Rotteri

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 39 *Years,* 11 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 34 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Stirling & Aisquith Streets

Cause of Death, First (Primary,) Delirium Tremens.

Second (Immediate,) Insomnia

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Westphalia Co[illegible]

Date of Burial, January 26/1878

Undertaker, Henry Houck

Place of Business, 219 Central Ave

J. W. Elliott M.D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No 23123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. A. Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Two~~ (2) *Years,* One *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 2d Carlton St.

Cause of Death, First (Primary,) Pneumonia Pertussis & Deutition

Second (Immediate,) Convulsions

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel St Cemetery

Date of Burial, ~~January~~ 25

Undertaker, Wilson & Dwyne

Place of Business, 10 Hoelon Alley

H. Otterbein Cook M. D.
Medical Attendant.

Address Sticker & Mullen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23124,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

TH DE
JAN
25
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Young

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 21 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} A. A. Co Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 28 Stockton alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption 5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, June 25th 1878

Undertaker, Wm H. Dunger

Place of Business, 10 Stockton alley

James F Lemar M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Carroll Sanitary Inspector

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Schuster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Stress Darmstadt, ~~40~~ years

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 277 N. Central Ave.

Cause of Death, {First (Primary,) Fracture of rib, & perforation of lung, result of accident; Second (Immediate,)} 32 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. A. Monumental Cem.

Date of Burial, 26th January.

Undertaker, Adam Fink

Place of Business, 461 Todd Point.

George H. Robb M. D.
Medical Attendant.

Address 319 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph G. Roberts.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Accomac Co. Va.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 162 S. Charles.

Cause of Death, {First (Primary,) Inflammation of Lungs
Second (Immediate,) 3 Mos. "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Co. Va

Date of Burial, Jan 25 1878

Undertaker, Armstrong & Penny

Place of Business, #263 Light St

R. J. N. Tall M.D.
Medical Attendant.

Address, 159 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

transit 985

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23127.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Philomena Glasser.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* / *Months,* / *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 93 E. Lombard St.

Cause of Death, First (Primary,) Anaemia

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan 26. 1878.

Undertaker, J. D. Rossing.

Place of Business, 136. E. Pratt.

Francis A. Sacco *M. D.*

Medical Attendant.

Address 108 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 23128 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1878 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Murray H Wilson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 16 *Months,* *Days.*

Color, Black - *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 Clay St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) ———

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 25th 1878

Undertaker, Theodore J Leocke

Place of Business, 516 Jefferson st

Phil Tau Rabbar M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23129

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. Jackson,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 2 Herring Ct. Hanover bet Lee & Lemmon

Cause of Death, {First (Primary,) Second (Immediate,)} Stranguary

Duration of Last Sickness, since birth

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27 " 1878

Undertaker, Theodore J. Locke

Place of Business, 516 Jefferson st

G. G. Rueck M.D.
Medical Attendant.

Address Balto & Frank. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis John Aaron Stamp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 301 E. Monument St.

Cause of Death, First (Primary,) Dentition + Bronchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 Month + 20 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 26. 1878

Undertaker, J. F. Pearce

Place of Business, 136. E. Boyd St

A. E. Stein *M. D.*
Medical Attendant.

Address 195 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2313.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Leonhard.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* 6 *Months,* ——— *Days.*

Color, white *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen, Cassel, Germany

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} Spring Court ——

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Dropsy.

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Saturday Jan. 26th 1878

Undertaker, Conrad Kunkel

Place of Business, No 66 Fairmount

Morris Steiner M. D.
Medical Attendant.

Address 249, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thos

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* 8 *Months,* *Days.*

Color, Wh *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Calverton Road N 6.

Cause of Death, First (Primary,) Abscessus Psoitis

Second (Immediate,) Marasmus

Duration of Last Sickness, 2. Years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 26 of Jan'y 78

Undertaker, J. P. Paulin

Place of Business, 66 Fred'k Ave

John M. Ph. Poradle M. D.
N 88 E. Lombard St Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A. Dent

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 114 E. Eden St Dent

Cause of Death, {First (Primary,) Acute Indigestion

{Second (Immediate,) Failure of the Heart

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 26th 1878

{*Undertaker,* Keyser & Co

{*Place of Business,* 65 S Broadway

E. F. [illegible] M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23134.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other p
sooner, if requested so to do, und

NO PERMIT

23134

C

Date of Death, Ja

Full Name of Deceased, { W
oo
no
of

Sex, ~~Male~~ *or Female,* { Cross o
requir

Age, 7

Color, White

~~Married,~~ ~~Single,~~ *Widow or*

Occupation,

Birthplace, { State or country (and
long in the United State
of foreign birth.

Duration of Residence in th

Place of Death, { Give street and
number.

Cause of Death, { First (Pri
Second (In

Duration of Last Sickness,

All the above information shou

Place of Burial, Green

Date of Burial, 26

Undertaker, Hill &

Place of Business,

Extract from Re

SECTION 2. And it be furt
of the Physician who attended
within forty-eight hours afte
setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Jan 27th 1878.

M Jones & Stewart.

Sir,

I would add to my report as Your Request, that Mrs Ry an Suffered from Cancer of both "Mammae" & of the Uterus, as well as Encephaloid disease involving the right Hip joint.

Very Respectfully Yours.

Thos Smith.

Dr Thos A Stewart
Coroners of Cook

23134

Permit No. 23135.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 8 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 343 N. Durham St

Duration of Residence in the City of Baltimore, 8 hours

Place of Death, {Give street and number.} 343 N. Durham Street

Cause of Death, {First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, St. James' Cemetery

Date of Burial, Jan 26th 1878

Undertaker, Geo C. Miller

Place of Business, 343 N. Durham

J. Edmund Mutford M. D.
Medical Attendant.

Address 195 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23136.

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Barnes

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 24. *Years,* — *Months,* — *Days.*

Color, Black.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 9 Colerain alley

Cause of Death, {First (Primary,) ; Second (Immediate,)} Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany. 25.

Undertaker, Robt. Sorrell

Place of Business, West St

Sheridan Leeds M.D.
Medical Attendant.

Address 246. Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23137

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 27 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #111 York St.

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26 78

Undertaker, S. W. Thomas

Place of Business, 98 E. Howard St

L. A. Deck *M. D.*
Medical Attendant.

Address 161 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23138.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Coney

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Strong Gardner

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26 1878

Undertaker. Applegarth

Place of Business, 57 Hanover

J. W. Webb M.D.
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 23139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

Date of Death, Jan 24th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Knapp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gas fitter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Co

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 627 N Eay

Cause of Death, First (Primary,) Accidental explosion of Calcium light Apparatus

Second (Immediate,) Injuries received from fragments of cylinder

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 27th 1878

Undertaker, John N. Weaver.

Place of Business, #22 W. Fayette St.

Edmund R Walker M. D.

~~Medical Attendant.~~

Address Coroner M P L

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23140,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

Date of Death, Jany 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Owens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 54 Lynn St.

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Abdominal dropsy (Ascites)

Duration of Last Sickness, About two Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Comb

Date of Burial, Jany 26th 1878

Wm. H. McAdams M. D.
Medical Attendant.

Undertaker, John Auburn with Wm McLean

Place of Business, 416 Druid Hill Ave Address 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23141

OFFICE OF REGISTRAR OF VITAL STATISTICS

111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

Date of Death, January 25th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate L. McKean

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number. } 28. S. Bond St

Cause of Death, { First (Primary,) } Phthisis Pulmonum

{ Second (Immediate,) } 3 Months

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 27 January 1878

{ *Undertaker,* Armstrong & Denny

{ *Place of Business,* Light & Montgomery sts *Address*

H. H. McMaus M. D.
Medical Attendant.

11. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 23142

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

Date of Death, January 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luke Tally

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} [redacted] Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 81 York St

Cause of Death, First (Primary,) Compound Comminuted Fracture of Thr Leg

Second (Immediate,) Pyemia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, Jan 26th 1878

Undertaker, Joseph F Byrne

Place of Business, 59 or Liberty St

Herdon Crate M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Willis

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} 101 Raborg st

Cause of Death, {First (Primary,) Burned to death accidentally

Second (Immediate,)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 25 1878

{*Undertaker,* Wm H Wright

Place of Business, 97 Druid Hill Ave

Geo. Ogle Coroner M.D.
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 23144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 78 Letzer

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Letzer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany x 13 years in U S

Duration of Residence in the City of Baltimore, 13 years (~ ...) x oliver

Place of Death, {Give street and number.} Found dead Cor Gay x John Residence Gay x John

Cause of Death, First (Primary,) Suicide by Pistol ~~shot through~~ wound through right temple

Second (Immediate,) Pistol wound through right temple

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 26 th 1878

Undertaker, Andrew Leetz

Place of Business, 118 Druid Hill Ave

Edward R Walker M.D.
Medical Attendant.

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Victor M. Harrell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 9 *Months,* 4 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, R. R. Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 11 Boyd Street

Cause of Death, {First (Primary,) Pernicious Fever
Second (Immediate,) Septicaemia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, January 26. 1878

Undertaker, Andrew Knell

Place of Business, 206 Columbia Av.

A. McL. Colburn M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2316

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Carter

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 3 *Years,* 1 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 63 McElderry St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlet Fever.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Jan 27th 1878

Undertaker, Henry W. Mears

Place of Business, 46 N Gay St

S. H. Hanck M.D.
Medical Attendant.

Address, 75 C. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 24th '78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enoch Bond.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Seventy Seven *Years,* Nine *Months,* Fifteen *Days*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County, Md.

Duration of Residence in the City of Baltimore, Seventeen years

Place of Death, {Give street and number.} No 2. Brewer alley, Baltimore,

Cause of Death, First (Primary,) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27th 1878

Undertaker, John E. Hough

Place of Business, Penna Ave

A. C. Fox M. D.
Medical Attendant.

Address, 154 Penna Avenue, Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23148

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hastings,

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 77 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married,

Occupation, Housewife,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 71 Pine St.

Cause of Death, {First (Primary,) This is Denied.

Second (Immediate,) " "

Duration of Last Sickness, About Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 27

Undertaker, J. Black

Place of Business, 1[illegible] Baltimore

J. R. Letterhut M.D.
Medical Attendant.

Address, 77 Pine St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 23149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lire

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~diphtheritic~~ 237 Conway st

Cause of Death, First (Primary,) diphtheritis

Second (Immediate,) 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 27th

Undertaker, F. N. Ball

Place of Business, 131 Aisquith

H. Albers M.D.
Medical Attendant.

Address 95 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23150

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Webb

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 0 *Months,* 0 *Days.*

Color, white *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and number.} 712 W. Fayette St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Ulcer. of the Rectum

Duration of Last Sickness, One Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan 27th 1878

Undertaker, John L. Andrews

Place of Business, No 46 Druid Hill Avenue

John L. Ziker M. D.
Medical Attendant.

Address St. N. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 23151.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. Celplus

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow~~ or Widower, {Cross out the wor is not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md. 15 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Dry Alley

Cause of Death, First (Primary,) (Valvular insufficiency) Heart disease

Second (Immediate,) "

Duration of Last Sickness, about 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, January 26th 1878

Undertaker, Wm. H. Bailey Jr.

Place of Business, 17 Druid Hill Ave

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23152,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Lonish

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 11 *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~: {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} 55 Chesnut Alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis; Second (Immediate,)}

Duration of Last Sickness, about 3 Years

All the above information should be furnished by the Physician

Place of Burial, Laurel County

Date of Burial, Jan 27 1878

Undertaker, Form & Foulon

Place of Business, 18 & 5 Park Ave

H Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 23153,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sandy P. Ritchie

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} Female

Age, 5 Years, 3 Months, Days.

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 3 9 Years

Place of Death, {Give street and number.} 261 W. Pratt St.

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem. J. Shelton Hill *M. D.*

Date of Burial, Jany 29/78. Medical Attendant.

{*Undertaker,* Hughes Co

Place of Business, 535 & 537 W. Fayette St. *Address* 432 W. Fayette St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Driscoll

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* 2 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 79 South Eden St

Cause of Death, {First (Primary,) Paralysis
Second (Immediate,)

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery W. F. Murdoch M. D.

Date of Burial, January 26th 1878 Medical Attendant.

Undertaker, William Weaver *Address* 80 Read St

Place of Business, No 202 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23155,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Ellen Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Texas

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 1 Greenwillow Alley

Cause of Death, {First (Primary)} Consumption

{Second (Immediate.)}

Duration of Last Sickness, many months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 27 1878

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St

C Winslow M. D.

Medical Attendant.

Address 22 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JAN 26 1878

CERTIFICATE OF DEATH.

Date of Death, 25 Jany 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Curley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* *Days.*

Color, colt *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 239 Park ave

Cause of Death, First (Primary,) Intussusception

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, G. Hill Gl Glenmyrtle

Date of Burial, January 27 1878

Undertaker, Wm J Speck

Place of Business, 307 Cathedral St

Address 129 W Biddle

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lynch

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland (20 yrs in America

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} St. Jo. Hospital

Cause of Death, {First (Primary.) Mitral Regurgitation - (Heart Diseases)
Second (Immediate,) Dropsy - Ex Laudation

Duration of Last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, January 26th 1878

Undertaker, [illegible]

Place of Business, [illegible]

Oscar J Carter M.D.
Medical Attendant.

Address. 184 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

VITAL STATISTICS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th, 6:25 o'clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George William Weber

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* Fife (5) *Months,* Four (4) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 17 Wyeth Street

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 17 Wyeth Street.

Cause of Death, First (Primary,) Inf. of bowels

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Westlawn Cemetery

Date of Burial, January 27th "

Undertaker, John. P. Paulus

Place of Business, 66 Frederick Av "

Robt Oldendorf M.D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23159.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Bennett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster Carroll Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 84 S. Carrollton Avenue

Cause of Death, First (Primary,) Ulceration of Leg

Second (Immediate,) Pyemia

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Chas. H. Nevitt* M. D.

Date of Burial, Jan 27th Medical Attendant.

Undertaker, S. A. Leonard Son *Address* 306 N. Eutaw Street

Place of Business, 782 W. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew F. Lurz

Sex, Male ~~or Female.~~ {Cross out the words not required in this line.}

Age, ~~———~~ *Years,* ~~———~~ *Months,* 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Stockton St

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)}

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 26th 1878

Undertaker, Geo Seffrau

Place of Business, Penna. Ave

James A Steuart M.D.
Health Officer

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Wm Carroll - Sanitary Inspector

...Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 23161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1878 3 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Virginia Carter

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number.} 82 S Bond St

Cause of Death, {First (Primary,) Lung Colic Bronchitis / Second (Immediate,) Pulmonary Consumption}

Duration of Last Sickness, 6 to 8 months

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, Jan 29 1878

Undertaker, M. A. Dasyn

Place of Business, 74 S. Broadway

W. Hammond M. D.
Medical Attendant.

Address, 64 N. Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juliana Valentine Pahl

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, One *Years,* One *Months,* *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 338 Orleans St

Cause of Death, First (Primary,) Acute Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 27. 1878.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St

W. E. Russell M.D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Bennett.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Baltimore City Jail

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) .....

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan. 28th 1878

Undertaker, Wm H. Hickman

Place of Business, Gay St

J. W. Houck M. D.
Medical Attendant.

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Ho Dr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pactunias Md

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 28 McCollough St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, 28 Jan 1878

Undertaker, A. M. Lenthing & Son

Place of Business, 16 Light St.

Pembroke Hi Wiseley M. D.
Medical Attendant.

Address 28 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23165

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Seven *Months,* *Days.*

Color, African *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 13 North Street

Duration of Residence in the City of Baltimore, Its lifetime

Place of Death, {Give street and number.} No 39 N. Durham St

Cause of Death, First (Primary,) A. Neglected Cold

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 27 1877

Undertaker, Chas. A. White

Place of Business, No 35 Granby St *Address* 75 N. Broadway

A. J. Ford *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23166,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26. 1. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Josephine Jung

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* ..... 1 *Months,* ..... 19 *Days*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 353 E. Lombard St.

Cause of Death, {First (Primary,) Debilitas

{Second (Immediate,) Hydrocephalus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 27 1878

{*Undertaker,* Wm. Rutsuel

{*Place of Business,* 13 Bond St

J. Potter M.D.
Medical Attendant.

Address, 245 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgie Sumner Darling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 26 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child *Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Worcester Worcester Co. Mass.

Duration of Residence in the City of Baltimore, Ten Months

Place of Death, {Give street and number.} #218 Maryland Ave

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Forest Hill Boston Mass

Date of Burial, Monday Jany 28/78

J. H. Gines M. D.
Medical Attendant.

Undertaker, Hurst & Mann *Address* 60 Maryland Ave

Place of Business, 38 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 986

No. 23168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...he Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie M. G. Smith

~~Sex~~, *Male or ~~Female~~,* {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 88 S. Bond

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, H. C. Wilkinson Com. R. W. Mansfield M.D.

Date of Burial, Jan. 27th 78 Medical Attendant.

Undertaker, J. W. Frame

Place of Business, No. 280 Canton Ave. *Address,* 170 Bond

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Henry Giese

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 1 *Years,* 5 *Months,* 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hoffman Street 318

Cause of Death, First (Primary,) Tubercular meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 28th 1878

Undertaker, D Kummel

Place of Business, Mulberry St

A E Reinhard M.D.
Medical Attendant.

Address, 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23170 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 ~~Years~~ *Years,* 10 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or*~~ *Widow* {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Emmittsburg - Maryland

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} 107 Mulberry Street

Cause of Death, First (Primary,) Hydrothorax Pneumonia

Second (Immediate,) " "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. H. T. Williams M. D.

Date of Burial, Jan 26th 1878. Medical Attendant.

Undertaker, J. J. Andrews. with Wm. McGean

Place of Business, 4 & 6. Druid Hill Av. *Address* 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JAN 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A. Ballen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* Two Weeks *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 5 Parish Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary Back River M. D.

Date of Burial, Jany 27 th 1878 Medical Attendant.

Undertaker,

Place of Business, 47 Pratt City Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roda

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ~~Years,~~ *Months,* 2 Years ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Barnes St

Cause of Death, {First (Primary,) Asthenia

Second (Immediate,) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem'y

Date of Burial, Jan 27th 1878

Undertaker, A. Funk

Place of Business, Gay St

James H Lewis M.D.
Attending Physician.

Address, Commiss of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Wenman Sanitary Inspector

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta D. McHasler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 4 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 441 Eastern Avenue

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem'y

Date of Burial, Jan 27th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av.

James C. McShane M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 23174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Schwinsberg

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 1 *Years,* — *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Columbia N. 123. (Double)

Cause of Death, { First (Primary,) Pneumonia. / Second (Immediate,) Asphyxia.

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetry

Date of Burial, Jan. 28th 78.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

O. L. Baldenhofer M. D.
Medical Attendant.

Address, 166 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Fountain

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Brush Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Canada

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} 64 Centre Market Space

Cause of Death, {First (Primary,) ... Second (Immediate,) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Jan 27th 1878

James A Clemens M.D.
~~Medical Attendant~~

{*Undertaker,* C. Shuster
Place of Business, E. Pratt St

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Subsequent - by C. Wenman Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 23176,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Waller

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 30 *Years,* — *Months,* — *Days*

Color, Col'd

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Maid

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Salisbury Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 239 Orleans St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y

Date of Burial, Jan 28th 1878

James A Steuart M.D.

~~Medical Attendant.~~ Coroner's Physician.

{*Undertaker,* Chas. A. Whilden

Place of Business, 25 Grant St

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by — E. Weinman Sanitary Inspector

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Mead

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 195 East av.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) .....

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 29th

Undertaker, Mc Guire

Place of Business, 39 Bond St

Wm R Mulvaney M.D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23178,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Frost

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 12 Days.

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 92 Eddin St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 136 Orchard St

Cause of Death, {First (Primary,) Acute Hydrocephalus
Second (Immediate,)} 4 Week

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laud Cemetery

Date of Burial, Jan 28 1878

{*Undertaker,* Geo C Jones
Place of Business, N 63 East Ave

Geo W Simon M. D.
Medical Attendant.

Address 44 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Yusby

~~*Sex,* Male or *Female*~~, {Cross out the words not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 354 N. Caroline

Cause of Death, First (Primary,) .....

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, January 28th 1878

Undertaker, H. H. Gibmeyer

Place of Business, 341 Canton Av.

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. B. Jennings

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Furniture mover

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No. 54 S. Regester St

Cause of Death, {First (Primary,) Valvular disease of heart

Second (Immediate,) Asthenia and general dropsy

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan. 28. 1878

{*Undertaker,* M. A. Dwyer

Place of Business, 74 S. Broadway

L. D. Linker *M. D.*
Medical Attendant.

Address No. 370 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Lanahan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number.} No 171 S Eden St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 28 1878

Geo. S. Kinnemon M. D.
Medical Attendant.

{*Undertaker,* Peter Kummel
Place of Business, 317 Aisquith St

Address 73 E Fall St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

~~Board of Health, City of Baltimore.~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26 th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. ~~Huff~~ Hauf

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 20 *Years,* ..... *Months,* ..... *Days*

Color, Wh

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington. D. C.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} 132, S. Howard. St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Bon A. Brai

Date of Burial, Jan 29 - 78

Undertaker, C. F. Krause

Place of Business, 209 Hanover

R. J. H. Tall M.D.
Medical Attendant.

Address, 152, Lisbon St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23183,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Russell Morrow

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, Days.

Color, Whit *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 87 Caulin Market

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Geo. B. Reynolds M. D.

Medical Attendant.

Date of Burial, January 28th 1878

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St. Address 53 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23184.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sydney Robertson Fountain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* One *Days*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 182 E Baltimore St

Duration of Residence in the City of Baltimore. —

Place of Death, {Give street and number.} 182 E Baltimore St

Cause of Death, First (Primary,) Fall of Mother

Second (Immediate.) Premature Delivery at 7 Months

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 28 1878

Undertaker, Fry & Son

Place of Business, [illegible]

F. E. Fooks M. D.
Medical Attendant.

Address 241 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Buntz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 139 E Madison St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 139 E Madison St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Vinard Cemetery

Date of Burial, 28 Jan 3 Oclock PM

Undertaker, George C Bodenmayer

Place of Business, 38 Enson St

E Hall Rutledge M. D.
Medical Attendant.

Address 151 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of ~~Death~~, January 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adile Benesch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ Six Months, 13 Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bohemia

Duration of Residence in the City of Baltimore, five months

Place of Death, {Give street and number.} 356 N. Durham St

Cause of Death, {First (Primary,) Dentition

Second (Immediate,) General Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ursted Hebrew Cemetery

Date of Burial, Jan 28 1878

Undertaker, Isaac Benesch

Place of Business, 285 W Gay St

Dr. A. Aranofsky M. D.
Medical Attendant.

Address 254 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23187,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara J Reuter

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Somerset Co. Md.

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 47 Conway St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Date *Place of Burial,* Jan 29 1878

Place *Date of Burial,* London Park

Undertaker, Armstrong & Sons

Place of Business, # 268 Light St

H. W. Webster M.D.
Medical Attendant.

Address, 57 Bennett

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Woods

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, School teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 86. Lee St.

Cause of Death, {First (Primary,) Cancer of Uterus

Second (Immediate,) One month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cemetery

Date of Burial, Jan 29th 78

Undertaker, Thos Cook

Place of Business, 20 Hanover

R. M. Hall M.D.

Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23189.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Celestine Richards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Rhode Island

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 24 Eager s

Cause of Death, {First (Primary.) Consumption

Second (Immediate,)

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, 29 1878

{*Undertaker,* [illegible]

{*Place of Business,* 93 S Howard st

W Riley *M. D.*
Medical Attendant.

Address 47 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Monah Jackson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, About 1 Year, *Years,* *Months,* *Days*

Color, Dark

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bladensburg Md

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} No 244 Robert St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 1878

Undertaker, [illegible] Church

Place of Business, 193 Hanover

D & G Ruden M.D.
Medical Attendant.

Address, 87 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23191

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Sophia Edgerton

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 34 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Susquehanna St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 9 years 10 mos.

Place of Death, {Give street and number.} 324 Montgomery St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Bon Secours Cathedral Cemetery

Date of Burial, Jan 29 1878

Undertaker, C. M. Chase

Place of Business, 183 Howard St

DR. J. H. SMITH JAN 27 1878 BALTIMORE, MD.

M. D.
Medical Attendant.

Address 108 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23192,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Barry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} Union Prot Infirmary

Cause of Death, {First (Primary,) General Debility 1 / Second (Immediate,) 6 months}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, Jan 28

Undertaker, C H Blizzard

Place of Business, 201 Penna Ave

Chas Fawcett M. D.
Medical Attendant.

Address 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23193,

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. E. Norman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 Bruce st

Cause of Death, First (Primary,) Simple Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, January 29 1878

H. B. Griffith M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 2718 Eutaw

Address Saddle Bullock st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Baltimore,

Permit No. 23194. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavinia Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Fifteen *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md.

Duration of Residence in the City of Baltimore, 3½ Months

Place of Death, {Give street and number.} 163 W. Lombard St.

Cause of Death, {First (Primary,) Puerperal fever / Second (Immediate,) Septicaemia

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Jan 28th 1878

Wm. Gombel M. D.
Medical Attendant.

Undertaker, C. Steiner

Place of Business, E. Pratt St *Address* 163 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Milligan McLane Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Medical Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 194 N. Charles St

Cause of Death, {First (Primary,) Pleuro-pneumonia / Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Country

Date of Burial, 29th Jan 1878

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

L. McLane Jeffanz M. D.
Medical Attendant.

Address 91 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Dorgan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 122 Hollidays

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery Geo. B. Reynolds *M. D.*

Date of Burial, Jan 28th 1878 Medical Attendant.

{*Undertaker,* Joseph F Byrne

{*Place of Business,* 59 n Liberty *Address* 432 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Permit No. 23197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jacob Houser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 56 N. Liberty

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) 5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, January 30/78.

{*Undertaker,* J. Lenhart & Mann

{*Place of Business,* 35 Park Ave

Wm. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 27. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 5 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,) Child had been kept under Opiums from its appearance when admitted

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jany 29. 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St

Marbury Brewer *M. D.*
Medical Attendant.

Address, 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

JAN 29 1878 BALTIMORE

Date of Death, January 27th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Wilson

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Same as above

Cause of Death, { First (Primary,) Hydrocephalus Secondary / Second (Immediate,) 2 Months }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Jan 29 1878

Undertaker, F. A. Kirchner

Place of Business, Conwell Ave

C. L. Buttenbaw M. D.
Medical Attendant.

Address, 166 S. Front

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23200.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Henrietta Sellmann,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hesse Darmstadt, Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 26 S. Eutaw St.

Cause of Death, First (Primary,) Neuralgia

Second (Immediate,) Exhaustion,

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th 1878

Undertaker, Wm Cleveland

Place of Business, 258 Mulberry St.

G. G. Cook M. D.
Medical Attendant.

Address Balt. & Paul. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine P. Travers

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, — 29 — *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Whatcoat st & Patterson ave

Cause of Death, First (Primary,) Brights disease

Second (Immediate,) — Dropsy —

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 31st 1878

Undertaker, Wm Thacher

Place of Business, No 150 Lombard st

Thomas J. Evans M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Long

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 188 William st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 30th 78

Undertaker, Charles F. Hearne

Place of Business, 161 Hanover

211 W Mebitt *M.D.*
Medical Attendant.

Address, 57 Frances

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23203,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu. 27. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Friedenstricker Leitch

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~_____~~ *Years,* 2 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~_____~~

Occupation, ~~_____~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #322 N. Eden St.

Cause of Death, First (Primary,) Catarrhal Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Janu. 29. 1878

Undertaker, Wm. H. Hickman

Place of Business, #234 N. Gay st.

Geo. A. Hartman M.D.

Medical Attendant.

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Henry Hanselman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 8 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 223 N. Gay

Cause of Death, First (Primary,) Dysentery,

Second (Immediate,) Convulsions,

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Jan 29th 1878

Undertaker, Hy H. Mears

Place of Business, 45 N. Gay St

Geo. Reynolds M. D.
Medical Attendant.

Address 45 E. Colvin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Allen

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, Cattle driver

Birthplace, {State or country (and how long in United States, if of foreign birth.)} U.S. & A.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Basin near Pier 11 Light St. Wh

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Drowned

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, January 25th 78

Undertaker, Fred. Kirchner

Place of Business, 508 S. Carrollton Ave

R. C. Lee M.D.

Medical Attendant.

Address, Hanover & Barre Sts Col.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Williams

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md Harford Co

Duration of Residence in the City of Baltimore, 3 & 1/2 yrs

Place of Death, {Give street and number.} No. 0 Stone Alley

Cause of Death, {First (Primary,) Cause of death unknown. has been

Second (Immediate,) ill a long time, found dead in bed

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, January 27th 1878

Undertaker, Fred'k A Kreckmer

Place of Business, 508 Carrollton Ave

Geo C Ogle Coroner M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

Date of Death, Tuesday Jan 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Kaufman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} —

Age, 65 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, peddlar

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 6 Broad alley

Cause of Death, First (Primary,) Acute Pneumonia

Second (Immediate,) Gangrene of Pulmonary tissue

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Rodoff. cholom.

Date of Burial, Jan 30th 1878

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Abram B. Arnold, M.D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert L. Rutter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 5 weeks *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and number.} 407 N. Fremont St.

Cause of Death, First (Primary,) Cold.

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Hooks Town

Date of Burial, Jan 29–

Undertaker, C W Blizzard

Place of Business, 201 Pen Av

Geo. L. Beaver M. D.

Medical Attendant.

Address 258 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23209.

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1898 BALTIMORE

Date of Death, January 28th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Kiehne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 292 S. Ann Street

Cause of Death, {First (Primary,) Pseudo-Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 29 1898

{*Undertaker,* H. A. Dayer

Place of Business, 745 S. Broadway

James L. Shaw M. D.
Medical Attendant.

Address 8 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23210 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~ (76) *Years,* ~~Months,~~ ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ~~Housekeeper~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Exeter St Fracture of thigh 12 months ago

Cause of Death, First (Primary,) Fracture of R. femur

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 30th 1878

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St

M. D.

Medical Attendant.

Address 10 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deborah A. Detsill

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Forty Six *Years,* Two *Months,* Thirteen *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 292 E Monroe St

Cause of Death, {First (Primary,) Fibroid tumor; Second (Immediate,) Softening of the brain}

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 30th 1878

{*Undertaker,* Fred Deitz; *Place of Business,* W. Balto St}

Milton A Taylor M. D.
Medical Attendant.

Address, Broadway & No Eden st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E. Collins

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 1 *Years,* 3 *Months,* 21 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carbondale Lucern County Penn

Duration of Residence in the City of Baltimore, 2 mo

Place of Death, {Give street and number.} 130 Johnson (N)

Cause of Death, {First (Primary,) Influe. of Brain

Second (Immediate,)

Duration of Last Sickness, 15 dys

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, January 30

{*Undertaker,* J B Cook

{*Place of Business,* 707 West Baltimore St

R M Whitmore M.D.
Medical Attendant.

Address, 209

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23213,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha M Hutchinson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 213 n Front st

Cause of Death, { First (Primary,) Phthis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Geo B Reynolds M. D.
Medical Attendant.

Date of Burial, Jan 30th 1878

Undertaker, Joseph T Byrne *Address* 43 E. Calvert

Place of Business, 59 n Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23214.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Dull.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 6 *Years,* 1 *Months,* *Days*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 125 West 8th.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonitis

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, January 31 1877

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supiutending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 2 yrs 8 mos

Place of Death, {Give street and number.} 664 W. Pratt St

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)}

Duration of Last Sickness, One week.

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 31/78

Undertaker, J. H. Carter

Place of Business, 1070 W Baltimore Street

A. L. Jones *M. D.*
Medical Attendant.

Address 375 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23216,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mortimer Carey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 9 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore. About 2 Months

Place of Death, {Give street and number.} 79 / Liberty Street

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,) Emphysemia

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician

Place of Burial, Batt Cemetary

Date of Burial, January 31th 1878

{*Undertaker,* Wm H Hutchman

{*Place of Business* No 234 N Gay St

H Duvling *M. D.*
Medical Attendant.

Address 252 Lexington street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Thurston

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, Negress *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 608 Paris St

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} 608 Paris St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30th

Undertaker, Graham Wayman

Place of Business, 50 Saratoga St

E. Shipley M. D.

Medical Attendant.

Address 37 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23218,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percival Palmer

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ~~—~~ *Years,* One *Months,* ~~—~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6. Waters Court

Cause of Death, {First (Primary,) Cold & neglect

Second (Immediate,) Marasmus.

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30th 1878

Undertaker, W. H. Beisler

Place of Business, 5 Druid Hill Ave

James A Steuart M.D.

~~Medical Attendant~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Investigation by William Carroll Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23219.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Owens.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, Pair

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cecil Co Maryland

Duration of Residence in the City of Baltimore, 4 Years.

Place of Death, {Give street and number.} ~~545~~ 148 Mulberry St.

Cause of Death, {First (Primary,) Paralysis. Second (Immediate,)

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Cecil Co Md

Date of Burial, Jany 31/78

Undertaker, Hughes

Place of Business, 530 W Fayette St

Edwin W. Gordon M.D.
Medical Attendant.

Address, 222 E Balto.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No. 989

Permit No. 23220 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilmina Glin.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Eighteen *Months,* *Days.*

Color, White.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 195 S. Ann St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Cynanche Trachealis (Croup.)

Duration of Last Sickness, One day,

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Jan 30th 1878

Undertaker, C. Eckhard.

Place of Business, 269 Canton Av.

N. Nicholas L. Dubbill, M.D.
Medical Attendant.

Address 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23221,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Powell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 24 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Nr. 8. Cula ch. Locust Point

Cause of Death, First (Primary,) ____

Second (Immediate,) Pneumonia

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 30th

Undertaker, J. H. Fockler

Place of Business, 216 Eastern Ave.

S. K. Clarke M. D.
Medical Attendant.

Address 235 Gough st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29 January 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Benson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 149 Mosher St.

Cause of Death, {First (Primary,)} Apoplexy

{Second (Immediate,)} Coma

Duration of Last Sickness, 38 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 31st 1878

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Warbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23223,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 30th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Since life

Place of Death, {Give street and number.} 3 Conn Av

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31 1878

Undertaker, John McCaull

Place of Business, 70 Pearl St

D. Miller M.D.
Medical Attendant.

Address 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Layman

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* ~~no Known~~ *Months,* ~~no known~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, R. R. Engineer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ellicotts Mills

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 106 Ramsay St

Cause of Death, {First (Primary,) Apthea

Second (Immediate,) Abscess

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician

Place of Burial, St Peters cemetery

Date of Burial, Jan 31st 1878

Undertaker, A B Cook

Place of Business, 17 & 19 Baltimore Street

A. McK. Cothran M. D.
Medical Attendant.

Address 369 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23225

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Faber

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 18 *Years,* 7 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Servant.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} 310 Lancaster — Canton Road

Cause of Death, First (Primary,) Burn.

Second (Immediate,) Oedema of Lungs.

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial Trinity Cemetery

Date of Burial, 31 January 1878

Undertaker John C. Leech

Place of Business, 265 Aliceanna

Abram B. Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23226,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Henry Bruns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Two *Months,* Two *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 20 Arlington Ave

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} No 20 Arlington Ave

Cause of Death, {First (Primary,) Second (Immediate,) Bronchial Croup

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Feb 1st 1878

J W^m Conner, *M. D.*
Medical Attendant.

{*Undertaker,* J. B. Cook
{*Place of Business,* 1707 N. Baltimore Street

Address 506 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hazel Marshall

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 4 *Years,* 8 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Sugar Beer Salesman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and number.} 139 Front St.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, Feb. 1st 1878

Undertaker, Geo. Schilling

Place of Business, Cusqueid & Monument

A Bruce Ashford M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23228,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Sharden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 S. Carey

Cause of Death, {First (Primary,) Diptheria
Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 31 Jany 1878

Undertaker Henry M. Jenkins & Son

Place of Business,

Jno Moore M. D.
Medical Attendant.

Address 5 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Mally.

Sex, ~~Male~~ *or Female,* {Cross on the word not required in this line.}

Age, 62 *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brattleboro, Vermont,

Duration of Residence in the City of Baltimore, Several Months,

Place of Death, {Give street and number.} 1030 Franklin St, Balto,

Cause of Death, First (Primary,) Fracture Neck of Femur

Second (Immediate,) Pulmonary Congestion

Duration of Last Sickness, About ten hours.

All the above information should be furnished by the Physician.

Place of Burial, Trenton N.J. Howard Smith, M. D.

Date of Burial, Jan 31st 1878 Medical Attendant.

Undertaker, H. W. Jenkins

Place of Business, 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 990

Permit No. 23230.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kleinn, (Klein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 171 Lombard St

Cause of Death, First (Primary,) Cardiac Hemiplegia

Second (Immediate,) & Anasarca

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, 1 February 1878.

Undertaker, H. Saunder

Place of Business, No 252 Canton Ave

H. E. Rusk *M. D.*
Medical Attendant.

Address Balt. Md. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

Date of Death, January 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Casey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 16 S. Bethel Street

Cause of Death, {First (Primary,) Puerperal Convulsions

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, February 1st 1878.

Undertaker, H. M. Gibney

Place of Business, 341 Canton ave.

James L. McShane M. D.
Medical Attendant.

Address 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FI

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30th January 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernhard Laake.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prein, Prussia, Germany

Duration of Residence in the City of Baltimore, 49 years.

Place of Death, { Give street and number. } S. Anastreet No 275.

Cause of Death, { First (Primary,) Degeneration renum Second (Immediate,) Hydrops Anasarca 4. months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cm

Date of Burial, February the 1st 1878.

Undertaker, W. M. Gibmeyer

Place of Business, 341 Conlon ave

Wilhelm Hensel M. D.
Medical Attendant.

Address S. Wolfert. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

Date of Death, January 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank W Nichols

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Twenty Nine *Years,* three *Months,* Six *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Townsend Mass

Duration of Residence in the City of Baltimore, About two months

Place of Death, {Give street and number.} 26 Pearl st

Cause of Death, First (Primary,) Nephritis

Second (Immediate,) Typhoid Pneumonia.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 31st 1878

Undertaker, Jas L. Evans

Place of Business, 598 W Balto St

W Hammond M.D.
Medical Attendant.

Address, 64 N Paca st
Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1878

CERTIFICATE OF DEATH.

Date of Death, January 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida S. Netter

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 75 Montgomery St

Cause of Death, {First (Primary,) Scrofula

Second (Immediate,) Bronchitis

Teth d

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Jan 31 1878

Undertaker, H. Ross

Place of Business, Conway St

James A Steuart M.D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Wm Carroll — Sanitary Inspector

Permit No. 23235. # 23235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday 28th January 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Mc. Daniel

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married~~, *Single,* ~~Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation, Chamber maid

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot County Md.

Duration of Residence in the City of Baltimore, Ever Since

Place of Death, { Give street and number. } 52 Lee St 158.

Cause of Death, { First (Primary,) Cerebro Spinal Meningitis.
Second (Immediate.)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 31 1878

{ *Undertaker,* Geo. E. Lyon
Place of Business, No 63 Park Ave.

Thos. J. Jay — *M. D.*
Medical Attendant.

Address Park Ave & Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23236.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward, Jr. Gray

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 43 Hanover st

Cause of Death, {First (Primary,) Pleurisy / Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetry

Date of Burial, Jan 31. 78

Undertaker, John M Lake

Place of Business, 59. S. Hall st

Wm. L. Purnell M. D.
Medical Attendant.

Address, Broadway Institute

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23237.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mc Mahan

~~*Ser, Male or* Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 2 *Days.*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md — White life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Little Ensor St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Bonnat Brae

Date of Burial, Jan 31st 1878

Undertaker, Wm. Blizzard

Place of Business, Cor Dolphin St & Penn. Ave

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23238,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

Date of Death, January 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dimond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 109 Cambridge Street

Cause of Death, {First (Primary.) Bronchio-pneumonia Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, Jan 30th

{*Undertaker,* Henkelmann

Place of Business, 8 St Bond St

James C. Shaw M. D.
Medical Attendant.

Address 8 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Mathews

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23239.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday 6 PM Jan 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H Miller

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.} ~~Male~~ Male

Age, 40 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Ship Joiner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Georgetown D C

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 1 Bennett Pl

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Connell Cemetery

Date of Burial, February 1st 1878

Undertaker, Hughes & Leo

Place of Business, 65 S Broadway

J Ewell Evans M.D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

Date of Death, January 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Lorenz

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 61 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 20. S. Durham st.

Cause of Death, First (Primary,) Cancer of stomach

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Ft. Alyonsus Cem

Date of Burial, Jan 31st 1878

Undertaker, H. Kibler

Place of Business, 244 E. Lombard

R. G. Daniel, M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23241.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Smith

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Supposed Married

Occupation, Sailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Supposed Wilmington Del

Duration of Residence in the City of Baltimore, Transient

Place of Death, {Give street and number.} Basin, Sp. Fick & Chas's Whf

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Jan 30 1878

Undertaker, Fred'k A. Kirchner

Place of Business, Western Public Cemetery

R. C. L. 22 M.D.

~~Medical Attendant.~~ Coroner 8 D

Address, Marion & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Evans

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} no. 8 E. Lexington

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Pneumonia

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 31. 1895

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

C. E. Cate M.D.
Medical Attendant.

Address, 230 Eastern

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Flynn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 49 Elliott Street, Canton

Cause of Death, {First (Primary,) Pericarditis / Second (Immediate,)}

Duration of Last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's cemetery

Date of Burial, Jan. 31st 1898

Undertaker, M. A. Daigon

Place of Business, 74 S. Broadway

James E. [illegible] M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 23244

OFFICE OF REGISTRAR OF VITAL STATISTICS,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie D Bunnell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 2 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Haven. Conn.

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 369 E. Pratt St.

Cause of Death, {First (Primary,) Cancer of Stomach / Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, New Haven, Conn.

Date of ~~Burial~~, Removal Feb. 1. 1878

Undertaker, M. A. Daigy

Place of Business, 74 S. Broadway

James E. Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Transit 994

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday, Jan 30th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliza Hayes,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 172 Government Ave,

Cause of Death, {First (Primary,) Puerperal Fever.
{Second (Immediate,) "Septicaemia"

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Presbyterian Burial Ground

Date of Burial, February 1st 1878

Undertaker, Wm. H. Hickman

Place of Business, 234 Cor. Bay St.

Wilmer Brinton M. D.
Medical Attendant.

Address 26 Government Ave
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Edward Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 16 Parish St Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Parish St Balto.

Cause of Death, First (Primary,) Congestion of the Liver

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery J. F. Bunord *M. D.*

Date of Burial, December 2 Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23247.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Larkin

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 5 *Months,* 21 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Fort Avenue Second door from Johnson

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, Two weeks —

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 31st 1878

Undertaker, W. H. Cook

Place of Business, 67 & 69 N. Baltimore Street

Edw'd F. Mitchell M.D.
Medical Attendant.

Address, 279 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 233248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

Date of Death, Jan 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Narbeth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 134 Scott st

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cematay

Date of Burial, February 3 1878

Undertaker, Andrew Knell

Place of Business, 206 Columbia Av.

A Hunter M. D.
Medical Attendant.

Address 76 Stark Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 31 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ambrose Lago (Igo)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3. *Years,* *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number.} 93 N. Calvert

Cause of Death, {First (Primary,) Hydrocephalus, Acute

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Ernest's Cemetery~~ Cathedral Cemetery

Date of Burial, Jan 31 1898

Geo. Reynolds M. D.
Medical Attendant.

{*Undertaker,* James P Byrne

Place of Business, No 63 N Front St *Address* 432 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1878

Date of Death, January 30 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Ricketts, Jr. and Catharine Ricketts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 204 N. Roz St.

Cause of Death, {First (Primary,) Congenital Syphilis. Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, February 1th

Undertaker, Adam Fink

Place of Business, 461 North Gay.

L. C. Gordon, M. D.
Medical Attendant.

Address 3 Mt. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23251,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31 of 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lowe

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 84 *Years,* *Months,* *Days*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} York Co. Pa

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 197 Montgomery St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Acd age & debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 1st 1878

Undertaker, Woodyear

Place of Business, 263 Light St

R. J. N. Tall M.D.
Medical Attendant.

Address, 15-2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate McLaughlin.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eight *Years,* five *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 664 Pearl Pratt st.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,)

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters. Cemetary

Date of Burial, Feb. 1. 1878

Undertaker, Jos B. Oak

Place of Business, 707. Baltimore st

R. H. Goldsmith — *M. D.*
Medical Attendant.

Address 116 Harlem Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23253,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1 1878 BALTIMORE

Date of Death,	January 30th 1878
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}	Isaac Bones
Sex, Male or Female, {Cross out the word not required in this line.}	Male
Age, 42 *Years,*	*Months,* *Days.*
Color,	Col.
Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}	
Occupation,	Labourer
Birthplace, {State or country (and how long in the United States, if of foreign birth.)}	Maryland
Duration of Residence in the City of Baltimore,	10 years
Place of Death, {Give street and number.}	103 Chesnut Alley
Cause of Death, First (Primary,)	Consumption
Second (Immediate,)	"
Duration of Last Sickness,	One year

All the above information should be furnished by the Physician.

Place of Burial,	Laurel Cemetery
Date of Burial,	Feb 1st 1878
Undertaker,	Jacob Davis
Place of Business,	103 Hill St

John S Pennington M.D.
Medical Attendant.

Address 98 N Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joel Lupton Baines

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventeen *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 253. Lanvale St. Baltimo City

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Elicott City *Samuel H. Denny* M. D.

Date of Burial, Feb 2d 78 Medical Attendant.

{*Undertaker,* C. W. Blizzard *Address* 198. Dons Hill Ave

{*Place of Business,* 201 Penn ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dan Gleason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 days *Years,* *Months,* *Days.*

Color, White *Sex,* M

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 41 Ross st

~~Duration of Residence~~ in the City of Baltimore,

Place of Death, {Give street and number.} 41 Ross st

Cause of Death, {First (Primary,) case of abortion at six months

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Govenstown *Date of Burial,* Feby ~~Jan~~ 31 1878

William Lee M. D.
Medical Attendant.

Undertaker, C W Blizzard *Address* Eutaw & Hoffman

Place of Business, 201 Pen av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert R. Dorsey

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* 9 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 12 Upton St.

Cause of Death, First (Primary,) Dentition & Gastritis

Second (Immediate,) Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Lauel Cemetery

Date of Burial, ~~January~~ Feby 1st 1878

Undertaker, Wm H Bishop Jr

Place of Business, 97 Druid Hill Ave

A. C. Fox M.D.
Medical Attendant.

Address, 154 Penna Avenue.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericke Paine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 31 Penn St

Cause of Death, {First (Primary.) Heart disease

Second (Immediate.)}

Duration of Last Sickness, died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, February 2/78

Undertaker, Wendle Dipple

Place of Business, No 151 S Bond St

James E Donnelly *M. D.*
Medical Attendant.

Address 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23258.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barry Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, 2 years 8 Month

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Peritonitis / Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, E Pub bemetery

Date of Burial, Jan 30 th

Undertaker, Charles Stinger

Place of Business, Pratt & Chester Sts

Jno. Booth Boyle M. D.
Medical Attendant.

Address 166 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23259.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Connolly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Keeper of liquor shop.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Russell and West sts.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Feb 1 th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts. *Address* 154 Sharp

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Perm. 23260.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

Date of Death, Jan. 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geiger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 8 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Pattern Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, Living in Th

Place of Death, {Give street and number.} 140 E. Pratt St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Exhaustion
Chronic

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3d 1878

{*Undertaker,* Henry W. Mears
Place of Business, 45 N Gay St

G. G. Lusk M. D.
Medical Attendant.

Address Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23261,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Collins

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 6 *Years,* 9 *Months,* — *Days*

Color, Colored

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 166 N. Spring St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) 4 months —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 1 " 1878

Undertaker, Abram Wayman

Place of Business, Saratoga St

James H Steuart M.D.

Address, Commiss of Health & Registers —

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Carroll — Sanitary Inspector

OVER

Permit No. 23262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

Date of Death, Jan 31st 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Alfred Richardson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Cor Friendship Lane & Thompson

Cause of Death, First (Primary,) Homicide by Stab

Second (Immediate,) Penetrating wound of heart

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 3rd 1878

Undertaker, W. M. Duncan

Place of Business, East St

Edmund R Walker M. D.
Medical Attendant.

Address Corner Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23263,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

Date of Death, Jan 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miriam Amanda Kaas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Fifty two *Years,* *Months,* and five *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hillsborough Caroline Co Md.

Duration of Residence in the City of Baltimore. Nineteen years

Place of Death, {Give street and number.} 648 W Fayette St

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,)

Duration of Last Sickness, Nearly two years

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb. 3 - 1878

Undertaker, W. Jenkins & Son.

Place of Business, 16 Light St.

Elias C Price M: D:
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23264/1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OFFICES 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Home Fuller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 83 N. Wolfe St

Cause of Death, {First (Primary.) — Second (Immediate,)} Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. ground Phila. Rd

Date of Burial, February 2d 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

S. I. Gross M. D.
Medical Attendant.

Address 133 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Earle

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

~~*Married*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent Island. Queen Ann. Co. Md

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number.} 236 William St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 10 or 11 months.

All the above information should be furnished by the Physician.

Place of Burial, Kent Island Md.

Date of Burial, Feb 2nd 1878

Undertaker, C. F. Krause

Place of Business, 201 Hanover st.

R. J. N. Tall M.D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 994

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31, 1878,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Carr,

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 60 *Years,* *Months,* *Days.*

Color, White, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore. about Six yrs.

Place of Death, {Give street and number.} 55 Clay St.

Cause of Death, First (Primary,) Jaundice, with Tumor at the Pyloric orifice of the Stomach,

Second (Immediate,) Cancerous degeneration of said tumor

Duration of Last Sickness, Slight complaints for some time Attended between three months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery W. P. Morgan M. D.

Date of Burial, Feb 2nd Medical Attendant.

Undertaker, Joseph F Byrne *Address* 175 Saratoga St

Place of Business, 59 n Liberty st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. Miller,

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 *Days.*

Color, Black *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 90 Tyson St.

Cause of Death, First (Primary,) Congenital Hydrocephalus

Second (Immediate,) Debility

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery Chas. H. Teel M. D.

Date of Burial, ~~Feb~~ Feb 2 1878 Medical Attendant.

Undertaker, John C. Jordan *Address* 128 Park Ave.

Place of Business, Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine & Geo W. Vermillion (Infant) (Parents)

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 hours ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 718 Hanover St

Cause of Death, {First (Primary,) Premature Birth—(6 mos

{Second (Immediate,) Asthenia —

Duration of Last Sickness, all it's life

All the above information should be furnished by the Physician.

Place of Burial, Beltsville Md

Date of Burial, Feb 2nd 1878

Undertaker, G. W. Vermillion

Place of Business, 718 Hanover St.

James L. Smith M.D.

~~Medical Attendant.~~

Address, Com of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Issued & given over to Wm. Carroll Souder [or R.] Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2326 9.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine & G. W. Vermillion (Triplet) (Parents

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 718 Hanover St

Cause of Death, First (Primary,) Premature Birth (6 mos

Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Belleville Md

Date of Burial, Feb 2nd 1878

Undertaker, G. W. Vermillion

Place of Business, 718 Hanover St

James S Lenard, M.D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by W. Carroll Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine & G. W. Vermillion (Triplets) (Parent

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 718 Hanover St

Cause of Death, {First (Primary,) Premature Birth (6 mos

Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Belleville Md

Date of Burial, Feb 2nd 1878

Undertaker, G. W. Vermillion

Place of Business, 718 Hanover St

Samuel Stewart, M.D.

~~Medical Examiner.~~

Address, Comm of Health & Regis Train

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by W. Carroll — Sanitary Inspector

[OVER.]

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Cazine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Saint Marys Co Md.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} Joppa Court No 1 Joppa Town

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, February Second

Undertaker, Mr Dungin

Place of Business, East St 62

Ruffin Bucklen M. D.
Medical Attendant.

Address 135 St Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23272,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

Date of Death, February 1. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Theresa Beck

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Boston

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 28 N. Pratt St.

Cause of Death, {First (Primary,) Dentitis

Second (Immediate,) 4 days Ill

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 3d 1878

Undertaker, Thos S Hughes

Place of Business, 60 E Balto St 238 Madison ave.

I. N. Hood M.D.

Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ly invited to the ren...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Sadler

Sex, [redacted] *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 376 E Madison St

Cause of Death, First (Primary,) Chronic Dysentery

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 Feb 2 O'Clock P.M.

Undertaker, Geo C Rotenmyer

Place of Business, 38 Eutaw Street

Saml S Powell M. D.
Medical Attendant.

Address 1029 Arsquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ly Invited to the Funeral ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ...

Sex, Male or Female, { Cross out the words not required in this line. } ... *Days*

Age, ... *Years,* ... *Months,* ...

Color, ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ...

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } ...

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } ...

Cause of Death, { First (Primary,) ... Second (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ... *M. D.*

Date of Burial, ... Medical Attendant.

{ *Undertaker,* ... *Address,* ...

{ *Place of Business,* ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23275.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the U
sooner, if re

Date of D

Full Name

Sex, ~~Male~~

Age,

Color,

Married, S

Occupation,

Birthplace,

Duration of

Place of De

Cause of De

Duration of
All the abov

Place of Bur

Date of Burl

Undertaker

Place of Business,

BALTIMORE

Balt. ~~Jan~~ Feb. 12th 1878

To whom it may concern:—
This is to certify that Mrs.
Susan Young residing at
358 E. Fayette st. aged 32 yrs.
born in Balt. has been under
my professional Care
for cirrhosis of the liver of
which disease she died.
Respectfully &c.
J. J. Clark M.D.

Order of Blanks

23275

Gay st

Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit N

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CERTIFICATE OF DEATH. # 23275

Date of Death, Feb 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Young

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 54 *Years,* ——— *Months,* ——— *Days*

Color, white

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 388 E. Fayette St

Cause of Death, {First (Primary,) Cirrhosis of Liver —
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Feb 2 1878

Undertaker, W. H. Hickman *Address,* Comm of Health

Place of Business, Gay St & Register

~~Medical Attendant~~ *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special attention of Physicians is respectfully invited to the Memo. Below, and to the Rules on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31 - 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Young

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pa

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 166 No. High

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 3rd 1878

Undertaker, Jno. F. Sears

Place of Business, 5 N. Gay St.

Thos. S. Latimer M.D.

Medical Attendant.

Address. 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis R Wilson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 10 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — " "

Occupation, — " "

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, — "

Place of Death, {Give street and number.} No 3 Dowson al

Cause of Death, First (Primary,) Bronchitis Chronic

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Wraps St Cemetery

Date of Burial, Feb 3. 1878

Undertaker, S Holmes

Place of Business, 33 Howard

C. L. Buddenbohn *M. D.*
Medical Attendant.

Address, 166 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} F W Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Butte City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 Hoyden Pl

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feby 5th 1878

Undertaker, Chas. H. Mc

Place of Business, 31 & 1 Pratt

M. D.
Medical Attendant.

Address Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23279.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rost.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 48 Chestnut St.

Cause of Death, First (Primary,) Coroners inquest. That she came to her death from natural causes. Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 7 days.

All the above information should be furnished by the Physician.

Edwd P Walker M D
Coroner

Edward P McDevitt M. D.
Medical Attendant.

Place of Burial, Balto Cem

Date of Burial, Feb - 2 - 1878

Undertaker, John I Rodman & Son

Place of Business, & Monument Sq

Address 132 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23280,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McManus

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} No 209 N Dallas st

Cause of Death, {First (Primary,) Tubercular Consumption

Second (Immediate,)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, February 2d 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Wm. L. Stewart M. D.
Medical Attendant.

Address, Broadway Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Magee

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, ~ 40 ~ *Years,* ~~~ *Months,* ~~~ *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Car Conductor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 143 Bank st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Hemorrhage of the lung,

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feby 3/78

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St

Thomas J. Evans M.D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Martin

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 35 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Book Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 695 W Lafayette St

Cause of Death, {First (Primary,) Stricture of the bowels / Second (Immediate,) Peritonitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feby 3/78

Undertaker, Hughes & Co

Place of Business, 540 W Fayette St

Thomas O'Sullivan M. D.
Medical Attendant.

Address, 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23283,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas W Wrenn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,)

Second (Immediate,) Dropsy

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, E Pub Cemetery

Date of Burial, Feb 1st

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, Charles Strupe

Place of Business, Pratt & Chester Sts

Address 166 E. Lager st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23284,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
2
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Oldham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Harness Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cecil County Md.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 77 Pearsall & Mc Henry

Cause of Death, {First (Primary,) Bright's Disease of Kidneys. / Second (Immediate,) ...}

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, February 3d 1878.

Undertaker, A. Weidemeyer

Place of Business, 518 W. Baltimore St.

C. F. Brune M. D.
Medical Attendant.

Address Balto. Gnl Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febury 2th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeanetta R Lowry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 11 *Years,* ~~22~~ 11 *Months,* ~~7~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 387 N Lombard

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 20 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 4th 1898

{*Undertaker,* Wm. H. Hickman

Place of Business, 23 & 25 Gay St.

G. L. Shain *M. D.*
Medical Attendant.

Address 375 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23286,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Fred Dehn (Parents

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 318 Hanover St

Cause of Death, {First (Primary,) Premature Birth (of Twin

{Second (Immediate,) Convulsions

Duration of Last Sickness, all di Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem & James H Lemay M.D.

Date of Burial, Feb 3 1878

{*Undertaker,* Phil I Dell

{*Place of Business,* Columbia St *Address,* Comm of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Sanitary

[OVER.] Investigation by Wm Carroll Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23287.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Years, About 5 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 10 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,) Anhemia

Duration of Last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb. 4. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St.

Mastony Brewer M.D.
Medical Attendant.

Address, 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter

Sex, Male or Female, {Cross out the words not required in this line.}

Age, *Years,* about 3 weeks ~~Months,~~ *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore,~~ House 3 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) Spasms

Duration of Last Sickness, dying when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb. 4. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St

Martin Brewer M.D.
Medical Attendant.

Address, 261 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23289.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Pilot

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester County. Maryland

Duration of Residence in the City of Baltimore, Forty Years.

Place of Death, {Give street and number.} 242 Light St.

Cause of Death, {First (Primary,) Necrosis = Head of Tibia
Second (Immediate,) Asphyxia.

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Feb 7th 1878

Undertaker, Armstrong Bros

Place of Business, 265 Eutaw

M. L. Mitchell M.D.
Medical Attendant.

Address #137 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 996

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes C. Jennings

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days*

Color, Wh -

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Lelope St.

Cause of Death, {First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Several months !

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 1 Feb 1878

Undertaker, Armstrong Bros

Place of Business, 135 Eutaw St

R. J. H. Tall M.D.

Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Hughes

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 295 Saratoga St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 3d 1878

Undertaker, Wm O'Weaver

Place of Business, No 202 N Eutaw St

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Henrietta Gardner

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 389 W Fayette St

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,) Dropsy & Hypertrophy Heart

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, ~~Wednesday~~ Feb 3

Undertaker, Hurst & Co

Place of Business, W Fayette St

W Hammond M.D.
Medical Attendant.

Address, 64 N Paca St
Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, No February 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millie Dorsett

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 60 *Years,* — *Months,* — *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, — none —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} East Shore Md

Duration of Residence in the City of Baltimore, ~~the last~~ 8 years

Place of Death, {Give street and number.} 7 Pendleton Ave

Cause of Death, {First (Primary,) Paralysis - right side
Second (Immediate,) do —

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, New Asbury

Date of Burial, Feb 13 1878

Undertaker, Char. A. White

Place of Business, No 35 Granby

L A Thurston M. D.
Medical Attendant.

Address 86 Entaw [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bindemann

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193 Preston st

Cause of Death, {First (Primary,)

{Second (Immediate,)} Apoplexy Sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feb 4 1878

Undertaker, Geo Gyle Coroner M. D.

Medical Attendant.

Place of Business, 121 Pennsylvania Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah Jordan.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 41 *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 86 Sharp. St.

Cause of Death, {First (Primary,) Consumption of the Lungs.

Second (Immediate,)

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemeterie

Date of Burial, Febr 4 th 78

Undertaker, Wm Edlace

Place of Business, 101 Gough St

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. e cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Link

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 299 Canton Avenue

Cause of Death, {First (Primary,) Perhaps / Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Street Cem

Date of Burial, Feb. 4th 1877

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

James C. Donnelly M. D.
Medical Attendant.

Address 299 E. Falls Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence E. Eagan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} No. 12 Pontiny Alley

Cause of Death, First (Primary,) Septhemia

Second (Immediate,) Diphtheritic Croup,

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Feb. 4th 1877

{*Undertaker,* J. Crouse
Place of Business, Hanover St.

John Morris *M. D.*
Medical Attendant.

Address No. 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rush

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 73 N. Chapel

Cause of Death, First (Primary,) .....

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfysius

Date of Burial, Feber 4 th

Undertaker, John Hennig

Place of Business, 386 Orleans St.

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23299

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Straus

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 11 Years, 5 Months, 12 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 206 Carollton Ave.

Cause of Death, {First (Primary,) Diphtheria. Second (Immediate,) Asthenia.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Feby 4th 1878.

{Undertaker, Chas Stollenwerck Sons
Place of Business, 22 W. Pratt St.

Jno. F. Powell M. D.
Medical Attendant.

Address 224 Carollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Dec. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Krauter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Died Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. ~~Prussia~~ Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 340 S Charles

Cause of Death, First (Primary,) ~~Congestion~~ Erysipelas

Second (Immediate,) ~~Con~~

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. | Thornton Erle M. D.

Date of Burial, Dec 4th 1878 | Medical Attendent.

Undertaker, Julius Koehler | *Address* 146 Hanover St

Place of Business, Sharp & Eutaw sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eunhart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Germany~~

Birthplace, {State or country (and how long in the United States, if of foreign birth} ~~3 yrs~~ yes Germany

Duration of Residence in the City of Baltimore. 35 yrs

Place of Death, {Give street and number.} 26 Pine st

Cause of Death, First (Primary.) Erysipelas.

Second (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Co

Date of Burial, Feb 4

Geo C Ogle Coroner
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 201 Penn *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas L Harrison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 261 Saratoga St

Cause of Death, First (Primary,) Albuminuria

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 4

Undertaker, [illegible]

Place of Business, [illegible] *Address* [illegible]

T. T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23303,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Fine Simon

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ellicot City Md

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} 218 Hanover St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 4

Undertaker, C W Bizzard

Place of Business, 201 Pratt

L M Vastine *M. D.*
Medical Attendant.

Address, 219 Fre

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to list of diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E Troy

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 8 ply one *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot County

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 270 E. Fayette St

Cause of Death, First (Primary,) Paralytic Condition

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, About 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb 4 1878

Undertaker, J. J. Bru-

Place of Business, 54 E Broadway

Millard F. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lolly Ann Dean

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Color'd *Sex,*

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Chamber Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County

Duration of Residence in the City of Baltimore, 5 Yr

Place of Death, {Give street and number.} 110 Low St Baltimore

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery *Ed Hale, Phthisis* M. D.

Date of Burial, Feb 4th 1878 Medical Attendant.

Undertaker, C. Sheetz *Address* 157 Aisquith St

Place of Business, E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23306.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Pleuch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Cary St. near Pratt

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 4 78

J. Shelton Hill M. D.
Medical Attendant.

{*Undertaker,* S. M. Leonardson

Place of Business, Balto

Address 432 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. M. Snowden

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, Six *Years,* Nine *Months,* —— *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} # 27 Vincent alley

Cause of Death, First (Primary,) Scrofulae

Second (Immediate,) Gangrene

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, Feb 4 1878

Undertaker, Wm. Dorsey

Place of Business, No 10 Stockdale Alley

J. G. Smithson M. D.
Medical Attendant.

Address, # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Dorsey

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, ed

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Northumberland Co Virginia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} Stirling 112

Cause of Death, First (Primary,) Rheumatism

Second (Immediate) Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5th

Undertaker, William A Lingane

Place of Business,

E C Baldwin M.D.
Medical Attendant.

Address, 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Perkins

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Seventy Two *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} City Hospital Dallas Ward

Cause of Death, {First (Primary,) ..... Second (Immediate,) ..... Insanation

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 4 1878

Undertaker, Chas Shuster

Place of Business, Pratt St

J. S. Preston M.D.
Medical Attendant.

City Hospital

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23310,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1878 BALTIMORE

Date of Death, Feb. 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Wehage

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Paver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 12 West St.

Cause of Death, First (Primary,) Prostatitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, about 1

All the above information should be furnished by the Physician.

DR. W. H. SMITH FEB 4 1878 BALTIMORE, MD.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Feb. 6th 1878

Undertaker, R. Feiser

Place of Business, 641 Light St.

M. D.
Medical Attendant.

Address 108 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Addison

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days* 1

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hailer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Howard Co Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Corner of Orchard st & Pennline

Cause of Death, First (Primary,) Disease of Kidney,

Second (Immediate,) Heart disease.

Duration of Last Sickness, dropped dead, had been sick 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 4th 1878

Undertaker, Wm T Wirth Jr

Place of Business, 97 Druid Hill Ave

Geo E Pyle Conner M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1878 BALTIMORE

Date of Death, February 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hanson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 246 Hanover St

Cause of Death, First (Primary,) ....

Second (Immediate,) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Feb 5 1878

Undertaker, Armstrong & Benn

Place of Business, Light St

Theodore Costa M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Orr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North East Cecil Co Md

Duration of Residence in the City of Baltimore, 68 Years

Place of Death, {Give street and number.} 36 S. Mt St

Cause of Death, First (Primary,) Probably Cancer of the Stomach. Was

Second (Immediate,) only sick twice before death.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetary Jno McOmen M. D.

Medical Attendant.

Date of Burial, Feb 4th 1878

Undertaker, Hughes & Co

Place of Business, 350 Fayette St *Address* 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23314,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruby Ann Talbot

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 7 *Years,* 9 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore. 40 Years

Place of Death, {Give street and number.} In 140 E. Monument St. No. each.

Cause of Death, {First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, February 4th 1878

Penbrook W. Hunter M. D.
Medical Attendant.

{*Undertaker,* John Thatcher

{*Place of Business,* No 150 Saratoga St

Address In Rear St. Paul St

{S. W. cor Park Ave & Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore.

Permit No. 2335

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th July, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Henry Eckhart.

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 1 *Months,* 14 *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Paver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 37 Years

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number} Bon Secours

Cause of Death, {First (Primary,) old age

Second (Immediate,) 3 Years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 6 th

Undertaker, Henry Brick

Place of Business, Henrietta 81 83

A. M. Dodge *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23316,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Fletcher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 mos *Years,* *Months,* *Days.*

Color, Brown *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 141 North St

Cause of Death, First (Primary,) Tuberculosis of Lung

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Feb 4

Undertaker, Peacham Wayman

Place of Business, 30 Saratoga St

N G Keirle M. D.

Vis-Phy Balto Spec Fe Dis

Medical Attendant.

Address N. E. cor of North & Saratoga Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23.3[illegible] #23317 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William P Ramsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 223 Lanvale St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 5th

Undertaker, H Hollongh

Place of Business, 319½ Penna Ave

S Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23318,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Wm Haskins Thurr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 139 Hanover St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 139 Hanover St

Cause of Death, {First (Primary,) Effusion Base of Brain

Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Feb 6th "

Undertaker, F. N. Turll.

Place of Business, 131 Hanover St.

Geo. W. Baum *M. D.*

Medical Attendant.

Address 164 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER DEPARTMENT FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Alcock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 78 years

Place of Death, {Give street and number.} Biddle opposite George St

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 8 or 9 years

All the above information should be furnished by the Physician.

Place of Burial, Saint Pauls Cemetery J. R. Uhler M. D.

Date of Burial, Feb 5th 1878 Medical Attendant.

Undertaker, John J Andrews

Place of Business, No 416 Druid Hill Avenue *Address* 934 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23320,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Moore

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Thirty four *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Annapolis

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 449 E Balto St

Cause of Death, First (Primary,) Mucous diarrhea

Second (Immediate,) Exhaustion with collapse

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Annapolis

Date of Burial, Feb 5th 1878

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Milton T Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Daniel Ray

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2332/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael R. Downs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* ——— *Months,* ——— *Days.*

Color, Mullato. *Sex,* ———

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} No. 11 Walnut al.

Cause of Death, {First (Primary,) ——— Second (Immediate,) Consumption

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemty F. B. Gardner M. D.

Date of Burial, February 5 1878 Medical Attendant.

Undertaker, William N. Dugan *Address* 120 W. Green st.

Place of Business, No 10 Stockton Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23322,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P. Broderick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Junk Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 47 Greenmount Ave.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 5th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

W. E. Moseley M. D.
Medical Attendant.

Address 234 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23323,

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Russell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} St Marys Asylum Franklin St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb. 5, 1878

Undertaker, M. A Daiger

Place of Business, 74 S. Broadway

F. E. Chatard M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Winters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 36 N. Canal St

Cause of Death, {First (Primary,) Second (Immediate,)} Rachitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 5th 1878

Undertaker, H. Hoffman

Place of Business, Eden St

M. D. Fawcett M. D.
Medical Attendant.

Address, Eden & Hoffman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 5 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Revel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset Co

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 68 Holliday St

Cause of Death, {First (Primary,) Chronic Bronchitis
Second (Immediate,) F Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5th 1878

Undertaker, S. W. Chase

Place of Business, Howard St

Geo. W. Benson M.D.
Medical Attendant.

Address 144 Hanover St Cor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttend... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~July 27th 1878~~ Feby 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mary E. Horne~~ Mary Ann Riggin

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, 74 *Years,* ~~X~~ *Months,* 3 *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~Balto~~ Balto. Co. Md.

Duration of Residence in the City of Baltimore, ~~Since~~ 55 years.

Place of Death, {Give street and number.} 410 Light St.

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Congestion of Lungs.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, February 5th 1878

Undertaker, Chas. E. Herold

Place of Business, 161 Hanover St.

R. J. H. Tall M.D.
Medical Attendant.

Address, 15-2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Doreen Caughey

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Nun

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co

Duration of Residence in the City of Baltimore, 67 Years

Place of Death, {Give street and number.} Lunatic Asylum

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Carbuncle

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feby 5th 1878

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Charles O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...tent... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May Curry.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 9 *Days.*

Color, white.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 164 Pennsylvania Ave

Cause of Death, First (Primary,) Pneumonia, with Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Feb 5th

Undertaker, C H Blizzard

Place of Business, 201 Penna ave

John S Pennington M.D.
Medical Attendant.

Address 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 4 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. & Jacob Zapp (Parents)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 99 Peach alley

Cause of Death, First (Primary,) ; Second (Immediate,) Premature Birth

Duration of Last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Feb 5th 1878

Undertaker, Julius Koehler

Place of Business, Southwest Cor of Sharp and Lee sts

Thos. Corbett M. D.
Medical Attendant.

Address 146. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23330.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Gifford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 72 Years

Place of Death, {Give street and number.} 131 Orleans St

Cause of Death, {First (Primary,) Pleurisy — Second (Immediate,) Heart Disease —

Duration of Last Sickness, 21 Days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy — J. A. Gross — *M. D.* Medical Attendant.

Date of Burial, Feby 6th 1878

Undertaker, Thos. L. Hughes

Place of Business, 20 E. Balto *Address* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lanna Hance

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert County Maryland.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 338 N Durham st

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, February 5th 1878

Undertaker, Theodore J. Locke

Place of Business, 56 Jefferson st

Wm. F. Rumill M.D.
Medical Attendant.

Address, Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. E. & G. W. Dodson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 188 S. Register St

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition / all ills Depe

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 5th 1878

Undertaker, Theo L. Locke

Place of Business, 56 Jefferson St

Thos A Clemens M.D.

~~Visiting~~ Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Investigation by E. Weinman Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23333,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday Night. Feb. 4th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Lindberger.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word is not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, During entire period of life.

Place of Death, {Give street and number.} # 26 Greenmount Avenue

Cause of Death, First (Primary,) "Old Board of the 3rd degree, including gangrene

Second (Immediate,) of the Cutaneous tissues of the groin."

Duration of Last Sickness, 4½ hours after Receiving the Wound

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 6th 1878

Undertaker, John Thacher

Place of Business, Cor Park & Fayette St

Wilmer Barnes M. D.
Medical Attendant.

Address 25 ½ Greenmount Ave
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Crisfield

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Twenty One Years, Seven Months Months, —— Days

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Brooklin New York

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} # 836 W Baltimore St.

Cause of Death, {First (Primary,) Consumption (Phthisis Pulmonalis)
Second (Immediate,)}

Duration of Last Sickness, I cannot say, Came here from Brooklin Without.

All the above information should be furnished by the Physician.

Place of Burial, Shamp St Cemetery

Date of Burial, February 5

{Undertaker, William A Dougherty
Place of Business, 10 Eutaw Alley}

J. G. Smithman M.D.
Medical Attendant.

Address, # 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Grey.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33. *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School teacher,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 114 Chestnut St,

Cause of Death, First (Primary,) Valvular Dis of the Heart. Valve. Mitral

Second (Immediate,) Ascites.

Duration of Last Sickness, 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6 1878

Undertaker, Wm. M. Duncan

Place of Business, East St

Edward P. McDowell M. D.
Medical Attendant.

Address 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ur as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb - 3 - 1878 =

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} = Isaac Brewer =

Sex, Male or Female, {Cross out the word not required in this line.} [redacted]

Age, 45 *Years,* 3 *Months,* = *Days.*

Color, Negro = *Sex,* = Male =

Married, Single, Widow or Widower, {Cross out the words not required in this line.} - -

Occupation, - Coachman -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis - Md =

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 358 N. Howard St -

Cause of Death, {First (Primary,) / Second (Immediate.)} Pleuro. Pneumonia -

Duration of Last Sickness, - 4 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Wilkens St Cemetery — Wm. A. B. Sellman M. D.

Date of Burial, Feb 6 1878 — Medical Attendant.

Undertaker, S. W. Shane

Place of Business, 67 S Howard St — *Address* Lanvale & Canollton Ave

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
FEB
5
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Feirney

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Boulden Alley

Cause of Death, First (Primary,)

Second (Immediate,) Consumption of Lungs

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, February 6th

Geo C Ogle Coron M.D.
Medical Attendant.

Undertaker, Chas. L. Sherwood

Place of Business, 221 E Eutaw *Address,*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...l Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Kroll

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 4 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 324 Eastern ave

Cause of Death, {First (Primary,) or Typhoid Fever

Second (Immediate,) Scarlet Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 6th 1878

Undertaker, Peter Frey

Place of Business, Eastern ave

James A Steuart M.D.

~~Medical Attendant.~~

Address, Comms of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Saturday [OVER.]

Investigation by E. Wenman Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Jan~~ February 5-th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton Edward Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 N. Schroeder

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 7

{*Undertaker,* J B Cook
Place of Business, 707 West Baltimore St

Louis W. Knight M. D.
Medical Attendant.

Address 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ntion ... ...r this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23340,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May F. Harris.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 352 West St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, About 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6th 1878

Undertaker, Hercules Ross

Place of Business, 46 96 Conway St

J. B. White M.D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lämmlein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 39 Monroe St

Cause of Death, {First (Primary,) Tumor in abdomen / Second (Immediate,)}

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Cemetry

Date of Burial, Feb. 6th 1878.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore Str.

Chas Tuvell M. D.
Medical Attendant.

Address 92 Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ttention of Physicians ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 228 E Fremont St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) 8 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 7th 1878

Undertaker, Wm S Thacher

Place of Business, No 15 Hanover St *Address* Sharp & Conway

Dr. Hofer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23343.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 6 1878 BALTIMORE

Date of Death, February 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelina Cole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Co.

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 12 L Church St

Cause of Death, First (Primary.)

Second (Immediate,) Phthisis

Duration of Last Sickness, 5 months,

All the above information should be furnished by the Physician.

Place of Burial, West'n Cemetery

Date of Burial, Feb 6th 1878

Undertaker, Trustman & Denny,

Place of Business, 213 Lexington

Thornton Cook M. D.
Medical Attendant.

Address 126 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ention of Ph... ...This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23344.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 6 1878 BALTIMORE

Date of Death, Feb 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Moore

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 47 *Years,* 6 *Months,* — *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~Maryland~~ Maryland

Duration of Residence in the City of Baltimore, since infancy

Place of Death, {Give street and number.} 56 Chestnut

Cause of Death, {First (Primary,) Heart-disease

Second (Immediate,)

Duration of Last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 6 '78

Undertaker, Wm N. Dungee

Place of Business, 62 East 2d

Abram B Arnold M. D.
Medical Attendant.

Address, 7 S. Hugh St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23345

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Rios

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 11 *Months,* 5 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 250 McDonough St.

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 9 78

Undertaker, Geo Smith

Place of Business, [illegible] Greenmount

Jno. J. Duvall M. D.
Medical Attendant.

Address 224 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ntion of Phy... ...ns Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Walker

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } # 85 N. Eutaw St

Cause of Death, { First (Primary,) Consumption

Second (Immediate,) about 8 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial,

Undertaker A. Keener & Son

Place of Business, 92 Hanover St

H. I. Curtis M.D.
Medical Attendant.

Address 9 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB 6 1878 ...MORE

CERTIFICATE OF DEATH.

Date of Death, Feb — 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny & Robert Duncan

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 329 Hoffman St

Cause of Death, {First (Primary,) / Second (Immediate,)} Asthenia / Sup

Duration of Last Sickness, Sup

All the above Information should be furnished by the Physician.

Place of Burial, W. Pub Cemet — James A Steuart M.D.

Date of Burial, Feb 6th 1878 — ~~Medical Attendant.~~

Undertaker, F. A. Kerchner — *Address,* Comm of Health

Place of Business, Carroll Ct — Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Sanitary Inspector

(OVER.)

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
FEB 6 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Graham

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Sixty Eight *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 107 North Broadway.

Cause of Death, {First (Primary,) / Second (Immediate,)} Carcinoma or cancer (Stomach)

Duration of Last Sickness, About Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, ~~Feb 6th 1878~~

Undertaker, Geo Schulline

Place of Business, Orgueil & St

Milton A. Taylor M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 6 1898 BALTIMORE

Date of Death, February 4 98

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Gilgamon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 210 Hoffman St

Cause of Death, First (Primary,) Traumatic Erysipelas

Second (Immediate,) Asthenia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6, 1898

C W Camden M. D.
Medical Attendant.

Undertaker, Theadore J Hooks

Place of Business, no 56 Jefferson *Address* 130 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...tention of Physicians to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie T. Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, four *Years,* three *Months,* eight *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 269 Biddle St.

Cause of Death, First (Primary,) Pulmonary Congestion

Second (Immediate,) Asthma

Duration of Last Sickness, twenty four hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby. 7, 1878

Undertaker, M. A. Daiger

Place of Business, 714 S. Broadway

J. B. Christian *M. D.*

Medical Attendant.

Address 421 N. Howard Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ttention of Physicians ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian G Hamer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* Six *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 140 N. Eutaw St.

Duration of Residence in the City of Baltimore, Since Jan

Place of Death, {Give street and number.} No 140 N. Eutaw St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) ____

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 7th 1878

H. B. Gardner M. D.
Medical Attendant.

Undertaker, John F. Andrews

Place of Business, No 476 Druid Hill Avenue *Address* 120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ttention of Physicians is respectfully ... of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Smith

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* Five *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 45 N Spring St

Cause of Death, First (Primary,) Cerebro Mesentric Fever

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt

Date of Burial, Feb 7 - 1878

Undertaker, John A Rodenmayer

Place of Business, cor Fremont ave & monument St

J E Hooker M. D.
Medical Attendant.

Address 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] of This Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23353,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Feb 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Stratton

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 160 Lenden ave

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, 8 Feb

Undertaker, Chas. Sterne

Place of Business, 9 711 E Eutaw St

Medical Attendant: Gl Jamerhill M. D.

Address, 129 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...al Attention of Physicians is Respectfully Invited to the Remarks ... of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josie O'Donnell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 20 Concord St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Feb 7 1878

Undertaker, Jas F Byrne

Place of Business, Front St

D. Ramsay Jones M.D.
Medical Attendant.

Address, 121 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann. R. Cook

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, Wh -

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Queen Ann Co. Md.

Duration of Residence in the City of Baltimore, 5 Yrs.

Place of Death, {Give street and number.} 181 West St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 2 Yrs.

All the above information should be furnished by the Physician.

Place of Burial, at Baltimore Cemetery

Date of Burial, Feby 7th

Undertaker, C. F. Krauss,

Place of Business, 209 Hanover St.

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 S. Howard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the ... of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23356,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb - 5 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* - 4 - *Months,* ... *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, — — — —

Place of Death, {Give street and number.} 8 Parish Alley

Cause of Death, {First (Primary,) Pneumonia —
Second (Immediate,) — -8 days —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery,

Date of Burial, Feby 7th 1878

{*Undertaker,* T. R. Chamberlain
Place of Business, 341 Penn Ave

Wm A. B. Dellman M. D.
Medical Attendant.

Address Lombard & Carollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Child of Elizabeth & Henry Feldthusen

Sex, Male or Female, {Cross out the word not required in this line.} Female

~~Age~~, ~~Years,~~ ~~Months,~~ 3 Hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 hours

Place of Death, {Give street and number.} Cor. Essex & Canton Avenue Canton

Cause of Death, {First (Primary.) / Second (Immediate.)}

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Feb 7th 1878

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

James J. McShane M. D.
Medical Attendant.

Address W. L. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C. Pegnell

~~Sex.~~ *Male* ~~*or Female*~~, {Cross out the words not required in this line.}

Age, — *Years,* 10 *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, {Give street and number.} 25. E. Biddle

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 8 1878

Undertaker, Jas F. Burns

Place of Business, Front St

W. B. O'Peill M.D.
Medical Attendant.

Address, 235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6. 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 y Years, — Months, — Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 33 Randall St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Montolivet Cem

Date of Burial, Feby 7 1898

{Undertaker, Wm Jones Jr

Place of Business, 1 Broadway

Theodore Ort M.D.
Medical Attendant.

Address 146 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians ... This Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate A. Drake

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 6 *Months,* 1 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Hanover St

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,) "

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 7th

{*Undertaker,* Armstrong & Denny

{*Place of Business,* Cor. Montgomery and Light sts.

Fred Bell M. D.
Medical Attendant.

Address 161 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully ... this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23361,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Wm H. Ridgway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ~~Life~~ 35 years

Place of Death, {Give street and number.} monument St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemet

Date of Burial, February 7th 1878

Undertaker, Wm H. Hickman

Place of Business, No 234 E Gay St

C S Mahon M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23362.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 4 /78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Fletcher Miles

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, E Pub bementers

Date of Burial, Feb 6 th

Undertaker, Charles Strupe

Place of Business, Pratt & Charles Sts

W. Booth Byrd M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23363,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline & John H. Krause (Parents)

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 17 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hanover St. E Pendleton

Cause of Death, First (Primary,) Cold

Second (Immediate,) Bronchitis

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 7 1878

Undertaker, C. F. Krause

Place of Business, Hanover St

James H Lewis M.D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by R. Jackson Sanitary Inspector

OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Foster

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* ~~—~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 Moores Alley near Ross St

Cause of Death, First (Primary,) Thrush

Second (Immediate,) Inanition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem't

Date of Burial, Feb 7 1878

Undertaker, F. A. Kirchner

Place of Business, Carroll ton Av

James A Steuart M.D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Sanitary Inspector

OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE
FEB 7
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Gleghorn Sr.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Six Eight *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, About fourty year

Place of Death, {Give street and number.} Pleuro-pneumonia — 1019 S. High St

Cause of Death, First (Primary,) congestion of the brain

Second (Immediate,) 3

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem*

Date of Burial, Feb 7th 1878

Undertaker, Wm J Andrews

Place of Business, No 436 Druid Hill Avenue

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & 1036 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the ... of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Buckley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Fifteen *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 163 W. Lombard St.

Duration of Residence in the City of Baltimore, 15 Days.

Place of Death, {Give street and number.} 163 W. Lombard St.

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Feb 7th 1878

Undertaker, Wm Stumpen

Place of Business, Pratt & Chester *Address* 163 W. Lombard St.

Wm Gombel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

tention of Rep...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Booker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* ..... *Days.*

Color, Light Brown

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 5 years & 6 months

Place of Death, {Give street and number.} No 24 Union st

Cause of Death, {First (Primary,) Cold

Second (Immediate,) Scrofula

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8 1878

Undertaker, William N Longee

Place of Business, No 10 Stockdale Alley

B F Bohner M.D.
Medical Attendant.

Address Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Barry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventeen *Years,* *Months,* *Days.*

Color, [illegible] *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 45 Douglass St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) "

Duration of Last Sickness, Twenty eight hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 8. 1878

{*Undertaker,* Wilson & L'Hommedieu

Place of Business, 62 East St

Whitefield Wiley *M. D.*

Medical Attendant.

Address 136 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23369.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 7 1878 BALTIMORE MD

Date of Death, Sept 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ✕ *Years,* 11 *Months,* ✕ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✕

Occupation, ✕

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 15 E. Register St

Cause of Death, {First (Primary.) Pneumonia

{Second (Immediate,) Asthenia

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, February 7 8

{*Undertaker,* William A. Boyne

{*Place of Business,* 62 East St

[illegible] *M. D.*
Medical Attendant.

Address 26 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ttention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Graves

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Turning alley No 117

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) ———

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 8

Undertaker, William H Dugan

Place of Business, 62 East 3d

O'Gorman M. D.
Medical Attendant.

Address 135 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...l Attention of Physicians is respectfully invited to the remarks below, and to ... of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lennie Mary Hyatt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventeen *Years,* five *Months.* Six *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Maryland, County Va.

Duration of Residence in the City of Baltimore, Nine Years,

Place of Death, {Give street and number.} No 1308 Fayette St

Cause of Death, First (Primary,)

Second (Immediate,) Bronchitis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill Georgetown D.C.

Date of Burial, Feb 8th 1878

Jno Carroll, M. D.
Medical Attendant.

Undertaker, H. Young

Place of Business, 598 W Balto St. *Address* 1306 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 299

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Callan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland - County Mayo -

Duration of Residence in the City of Baltimore, 24 yrs -

Place of Death, {Give street and number.} 211 Sarah Ann.

Cause of Death, {First (Primary,) Mitral & Aortic Stenosis. / Second (Immediate,) Exhaustion -

Duration of Last Sickness, 3 mos -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 8 1878

Undertaker, James D Byrne

Place of Business, 11 E Front St

Wm A Lockwood M. D.

Medical Attendant.

Address Balto. City Hospl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...al Attention of Physicians is respectfully invited to the remarks below, and to ... of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 7 1878 BALTIMORE

Date of Death, Feb 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} St Francis Orphan Asylum

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cemetery

Date of Burial, Feb 8th 1878

Undertaker, James D Coyne

Place of Business, No. 63 N Front St

F. E. Shatar M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT FEB 6 1878 BALTIMORE

Date of Death, February 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Helene

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 175 S. Regester Street

Cause of Death, First (Primary,) Injury from a fall

Second (Immediate,) Puerperal Eclampsia

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 6 1878

Undertaker, Theo J Lock

Place of Business, 57 Jefferson

James E Donnelly M. D.
Medical Attendant.

Address 1918 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Ce[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23375,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] 1878 [illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr. John E. Harrington

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 26 *Years,* 2 *Months,* 16 *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 321 Light St.

Cause of Death, {First (Primary,) Acute Pulmonary Tuberculosis

Second (Immediate,) Confined to Room, 23 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md.

Date of Burial, Feb 9th 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1000

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. Morris Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Motion Stone

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 303 Light St.

Cause of Death, First (Primary,)

Second (Immediate,) Valvular Disease of the Heart

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb 10 th 1878

Undertaker, Armstrong & Dem

Place of Business, 203 Light St

John Morris M. D.
Medical Attendant.

Address No. 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bohmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 2 *Months,* 3 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Jag boy in Express off

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 E Fayette

Cause of Death, {First (Primary,) Dropsy

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 8th 1878

{*Undertaker,* John L Weaver

Place of Business, 722 W. Fayette St

D Luckett M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES ON BACK OF THIS CER...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23378,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Duncan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 Years, *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Nr 359 W. Lanvale St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 8th 1878

Undertaker, Thos S. Hughes

Place of Business, 66 E Balto St

Geo. B. McShane M. D.
Medical Attendant.

Address 141 N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa J Smith

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, nine

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Mat. Brook, Connecticut

Duration of Residence in the City of Baltimore, since Childhood

Place of Death, {Give street and number.} 625 W Lombard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 9th 1878

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

W McNeir M.D.
Medical Attendant.

Address, 582 W Hayet

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttention of Physicians is Respectfully Invited to the Remarks Below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Conner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 316 Conn St

Cause of Death, First (Primary,) Rheumatism sent to the House

Second (Immediate,) Supposed to be Disease of the Heart, died before

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 2 Feb

Undertaker, Leo Ritter

Place of Business, 60 Gravier Street

Herbert Coale M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atten[illegible] of Physicians is Respectfully Invited to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death,	Feb 5th 1878
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}	John Bond
Sex, Male or Female, {Cross out the word not required in this line.}	Male
Age,	Two Years, 6 Months, Days.
Color,	Light copper
Married, Single, Widow or Widower, {Cross out the words not required in this line.}	Single
Occupation,	None
Birthplace, {State or country (and how long in the United States, if of foreign birth.)}	Baltimore
Duration of Residence in the City of Baltimore,	Two years & six months
Place of Death, {Give street and number.}	No 4 Waters Court
Cause of Death, First (Primary,)	Cold
Cause of Death, Second (Immediate,)	Chronic Bronchitis
Duration of Last Sickness,	Two months

All the above information should be furnished by the Physician.

Place of Burial,	Laurel Cemetry
Date of Burial,	Feb 8 1878
Undertaker,	John C Jordon
Place of Business,	No 63 Park Ave

B F Bohrer M.D.
Medical Attendant.

Address Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...al Attention ...

...rmit No. 2...

The Physician w...
out, to the Undertake...
sooner, if requested s...
No...

...s.

...rately filled
...eceased, or

CERTIFICATE OF DEATH. #23382

Date of Death, Feb 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Faber

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} *Months,* ——— *Days*

Age, 46 *Years,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany—30 yrs

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Charles & Pratt Sts

Cause of Death, {First (Primary,) Intemperance
Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 9 1878

Undertaker, C. F. Herod

Place of Business, Hanover St. *Address,* Comm of Health

M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...l Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23383,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Arm[illegible]

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 6 *Years,* 2 *Months,* 20 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Chicago

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} 727 N. Louden

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,) "

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Feb. 8 1878

Undertaker, John P Pulus

Place of Business, 66 Fredrick Ave

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

ermit No. 23382

The Physician w … of this Certificate accurately filled
out, to the Undertake… deceased, or
sooner, if requested s…
No…

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

Certificate of Death

… Age 2 Months & 22 ys
White Married - Born in Germany
in Baltimore about 30 yrs, Died
Feb 7th 1878 at S.W. Corner Charles & B…
St. Cause of Death, Primary, Intemperance,
Secondary, Exhaustion.

Brooks

120

23382

Date of Death,		
Full Name of D…		
Sex, ~~*Male or Fem…*~~		
Age,	1…	*Days*
Color,		
Married, ~~*Single,*~~		
Occupation,		
Birthplace, {State long of for…		
Duration of Res…		
Place of Death, {…number.		
Cause of Death, {First (Primary,)	Intemperance	
	Second (Immediate,) Exhaustion	
Duration of Last Sickness,		

All the above information should be furnished by the Physician.

Place of Burial,	Balto Cemetery	
Date of Burial,	Feb 9th 1878	
Undertaker,	C. F. Herwood	*M. D.*
Place of Business,	Hanover St.	*Address,* Comm of Health
		~~*Medical Attendant,*~~ Physician

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 7th February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Blumenthal

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 6 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 East

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 8th 1878

Undertaker, A. Meyers

Place of Business, 206 E. Chas St

J. W. Webster M.D.
Medical Attendant.

Address, 57 Bunker

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spectfully Invited to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Mendola

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 Years, 2 Months, 11 Days.

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 558 Hanover St

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, 9 February

Undertaker, B. Harle

Place of Business, 711 Light St

Herman Otto M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Feb 5th~~ Feb 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lazarus Goldsmith

~~*Sex,* Male *or Female,*~~ {Cross out the word not required in this line.}

Age, 68. *Years,* 5 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schweitzland 31 years

Duration of Residence in the City of Baltimore, ~~Double Hours~~ 31 years

Place of Death, {Give street and number.} No 298 Broadway W.

Cause of Death, {First (Primary,) Fatty degeneration Heart

Second (Immediate,)

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Chas Shalam Cemetery H. Wilhelm M. D.

Medical Attendant.

Date of Burial, Febr 10th 78

Undertaker, Wm Eibes *Address* 169 W Lombard St

Place of Business, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Michael Smith (Parents)

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 7 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none Mary Eliz. Smith

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 20 Comet St

Duration of Residence in the City of Baltimore, 7 day

Place of Death, {Give street and number.} 20 Comet St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) "

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, Feb 8 1878

Undertaker, Jas P. Byrne

Place of Business, Front St

Gust Wyson M.D.
Medical Attendant.

Address. 18 Aisquith.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23388,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Cavanaugh

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9. Fish Market Space

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemet

Date of Burial, Feb 8th 1878

Undertaker, C. Steiner

Place of Business, E. Pratt St

James A Stewart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to The Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2389,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Northal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 Eccleston St.

Cause of Death, {First (Primary,) Pneumonia; Second (Immediate,) Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 9th

{*Undertaker,* H. Brice; *Place of Business,* Fremont 3781

DR. J. H. SMITH, FEB 8 1878, BALTIMORE, MD.

M. D.
Medical Attendant.

Address 104 N. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Roan Sisson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, 1. 5. 6.

Place of Death, {Give street and number.} 80 Park St.

Cause of Death, First (Primary,) —

Second (Immediate,) Acute Hydrocephalus 3 weeks

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto. cemetery

Date of Burial, Feb. 8th 1878

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

C. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Ce[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa McCabe

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, about 70 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give street and number.} 193 Chestnut St

Cause of Death, {First (Primary,) Bronchitis / Second (Immediate,)}

Duration of Last Sickness, Over a year

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 8 1878

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Wm. Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23392,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 8 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 5th of Feb 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Clare Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 152 Hollins st

Cause of Death, First (Primary,) ...

Second (Immediate,) Paralysis

Duration of Last Sickness, no week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 10th 1878

P. F. Bowen *M. D.*
Medical Attendant.

Undertaker, J B Cook

Place of Business, No 707 N Baltimore street *Address* 189 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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...spectfully invited to the Remarks below, and to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23393,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Heuer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1 N E. Avenue

Cause of Death, {First (Primary,) Intestinal Fever

{Second (Immediate,) ...

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feb 8th

Undertaker, H. Fackler

Place of Business, 246 Eastern Av

M. D.
Medical Attendant.

Address 211 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ners of Cemeteri...

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 23394

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 7. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Whitting

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Sixty — *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 330 Aliceanna St.

Cause of Death, {First (Primary,) (Suicide) Second (Immediate,) Gun shot wound of brain. 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feb 10th

Undertaker, H. Froehlich

Place of Business, 241 Eastern Av

W. E. Deland M.D.
Medical Attendant.

Address, Corner Eu. & Pratt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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...o the Office
...spectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

No. 23395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...er, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Reverdy Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 186 Chesnut alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Dark Corner

Date of Burial, Feb 8 1878

Undertaker, [illegible]

Place of Business, No 19 Howard

J. E. Gilchrist M. D.
Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Hirling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Iron Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 2 mr Spring Gardens Beard & Warner's

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic pulmonary Consumption

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 10 1878

Undertaker, Edwd F. Hurd

Place of Business, 161 Hanover St

A H Commins M. D.
Medical Attendant.

Address 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23397.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Motter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Poor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll county Manchester.

Duration of Residence in the City of Baltimore, about 6 yrs

Place of Death, {Give street and number.} 106 Patterson Avenue

Cause of Death, {First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, about 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Manchester Cemetery

Date of Burial, Feb. 9th 1878

Harvey Hill M. D.
Medical Attendant.

Undertaker, G. H. Brown

Place of Business, 323 Gilmor St. *Address* 119 Edmondson Ave

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1101

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Etta Louisa Hutchins

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 1 *Months,* 20 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No. 84 N. Spring St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, February 10th 1878

Undertaker, Charles J. Leech

Place of Business, 56 Jefferson St.

J. R. Lauer *M. D.*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special Att... ...respectfully invited to the Remarks Below, and to List of Diseases...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 18 Wilson Street

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 9th 1878

Undertaker, Henry H. Mears

Place of Business, 415 N Gay St

Marbury Brewer M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Roberts,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, Negro *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge, Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Melcom Alley

Cause of Death, First (Primary,) Acute Bright's Disease,

Second (Immediate,) Hydropericardium

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 9

J. L. Engle M. D.
Medical Attendant.

Undertaker, Archer Bro's *Address* 247 Lanvale st

Place of Business, 247 Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie M. Gorthand

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19. Hudson Alley.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Feb 9th 1878

Undertaker, Chas. T. Scruton

Place of Business, 271 N. Eutaw St.

A. T. Bell *M. D.*
Medical Attendant.

Address 316 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D Stahn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany. - 42 Yrs in U.S. 42 Yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 N. Schroeder St.

Cause of Death, First (Primary,) Cardiac Dilitation

Second (Immediate,) Natural Decay.

Duration of Last Sickness, 4 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Druidhill Cemetery

Date of Burial, Feb. 9. 1878

Undertaker Adam Waidelmeyer

Place of Business, 518 W. Baltimore Str.

R. W. L. Ellis *M. D.*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria McDonald

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 59. N. Dallas av

Cause of Death, {First (Primary,) Second (Immediate,)} Inedo. Mem Croup.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 10 Feb 3 Oclock P

Undertaker, George C Rodenmayer

Place of Business, 38 Exeter St

[illegible] M. D.
Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 9th of February 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hofmeister

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. 3 N. Eutaw St.

Cause of Death, First (Primary,) old age

Second (Immediate,) Ba[illegible]

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 11/78

Fred. Raby M. D.
Medical Attendant.

Undertaker, C D Rooney

Place of Business, 136 E Fayette St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris D Cuddy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 206 N Bond St Res 285 E Monument St

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) Died in Seizure

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 9 Feb 2 Oclock

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw St

Edmund Brooks M.D.

~~Medical Attendant~~

Address Coroner in P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Columbus Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 2 *Months,* *Days.*

Color, Colored

Married, Single, *~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Augusta & Jackson Streets City

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} East St Court or Gibbs Court

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Exhaustion

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, New Evergreen Burial ground

Date of Burial, Feb 10 1878

Undertaker, Charles A White

Place of Business, 35 Granby Street

E G Walls *M. D.*
Medical Attendant.

Address 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Hewitt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Wholesale Whiskey

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Mullen's Hotel

Cause of Death, {First (Primary,) Paralysis of the Second (Immediate,) Pneumonia to which

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feby 9th 1878

Undertaker, John H. Frazer

Place of Business, ~~#~~ 22 W. Fayette St

Address, 105 Fayette St

H. H. Erin *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 5 1876

Date of Death, February 8th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin B Mills

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 9 *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 189 Aisquith St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, N. Ladys Manor Balto Co. R.R. to Hamilton

Date of Burial, Feb 11th 1876

R. W. Swing *M. D.*
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square

Address 724 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit 10072

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, — February 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Mayer

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 12 Years, 4 Months, 27 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 476 Pennsylvania Avenue

Cause of Death, {First (Primary.)} Incipient Phthisis

{Second (Immediate.)} Typhoid Fever

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Feb 10th 1878

{Undertaker, C. Wiegand

{Place of Business, 63 Druid Hill Ave

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23410,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1870 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Miller

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.} Male Child of John & Miller

Age, ... *Years,* ..... 1 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 74 S. Broadway

Cause of Death, {First (Primary,) 1/1

{Second (Immediate,) Convulsions 1/1

Duration of Last Sickness, 24 hrs —

All the above information should be furnished by the Physician.

Place of Burial, Int. Cornel

Date of Burial, February the 4th

Undertaker, Wm. Schilling

Place of Business, Cor. Elliot & Canton Sts

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dogan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Clarck County Irland

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, {Give street and number.} Home for the aged Cor. of John and Valley sts

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, RC Cathedral Cemetery

Date of Burial, February 10th 2 Oclock

Undertaker, Geo. E Rodenmayer

Place of Business, 38 Eutaw Street

Jno. Burke Boyle M. D.
Medical Attendant.

Address 166 E. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 11 Hanford Av.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 11 Hanford Ave.

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Saul Cemetery

Date of Burial, February 10 1878

Undertaker, William A. Dungan

Place of Business, 62 East St

Edward P. Mudrow M. D.
Medical Attendant.

Address 137 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2054

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2341 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Stewart

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 221 McElderry St. Ext

Cause of Death, {First (Primary,) Consumption 1 Year
Second (Immediate,) 3 Months

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 10th 1878

Undertaker, The. L. Locks

Place of Business, Jefferson St

James A Clements M.D.
Medical Attendant.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson Sanitary Inspector

OVER

No. 2324

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Mentis

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 31 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Carmaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Wyoming

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 335 Central Ave

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Ulysses Cemetery

Date of Burial, Feb 11, 1878

Undertaker, Henry Hoen

Place of Business, 309 Central Ave

J Mathews M.D.
Medical Attendant.

Address, 245 E Monument

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel H Haigh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} 357 — Fremont Ave

Cause of Death, {First (Primary,) Second (Immediate,)} Cronic Gastritis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 10th 1878

Undertaker, Chas T Scriven

Place of Business, 210 E Eutaw St

Henry J Howe M. D.
Medical Attendant.

Address Cary & Eutaw Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 8. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Stevenson.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} [redacted] Female.

Age, 73 *Years,* 8 *Months,* *Days.*

Color, White.

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Prince Georges Co. Md.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 99 Mulberry St.

Cause of Death, {First (Primary,) Organic Disease of Heart.
Second (Immediate,)}

Duration of Last Sickness, Under Treatment 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 10th 1878

Undertaker, Wm H. Hickman

Place of Business, No 234 W. Saratoga

Jno. F. Powell. M. D.
Medical Attendant

Address 224 Carollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2344

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Adrian

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days.*

Color, White, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child Residence

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 354 W. Fremont Street,

Cause of Death, First (Primary,) Hydrocephalus of Head,

Second (Immediate,) Heart Clot,

Duration of Last Sickness, two weeks,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 10, 1878

Undertaker, M. A. Dalton

Place of Business, 74 S. Broadway

Dave L. Lyle M. D.
Medical Attendant.

Address 37 W. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23418

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melton N. Hankins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 145 N. Eutaw Street

Cause of Death, First (Primary,) Scarlatina Inf.

Second (Immediate.)

Duration of Last Sickness, 5 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 10. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

F. A. Sauer *M. D.*
Medical Attendant.

Address 105 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Seth Benton Stevens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Seven *Months,* ..... *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} N. W. cor. Patterson Park & Fremont St.

Cause of Death, First (Primary,) .....
Second (Immediate,) Convulsions.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby. 9. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Richard J. Dashiell M. D.
Medical Attendant.

Address 207 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2374 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert W. Rasin,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* 2 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Real Estate Broker,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County, Maryland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} St Paul St. near Saratoga (cr No. 53

Cause of Death, First (Primary,) 2 years + 6 mos. detention in Fort

Second (Immediate,) Hemiplegia Organic Disease of the Heart

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery John Morris *M. D.*

Date of Burial, Feby 10th 1878 Medical Attendant.

Undertaker, John F. Weaver

Place of Business, ~~#~~ 22 W. Fayette St *Address* cr No. 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 2 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 45 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Bruce St.

Cause of Death, {First (Primary,) General Paralysis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Feb. 10. 1878

{*Undertaker,* G. B. Blackistonson

Place of Business, 606 Bath St

J. W. C. Cuddy *M. D.*
Medical Attendant.

Address 313 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54. Years, 10. Months, — Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 178 Johnson St

Cause of Death, {First (Primary,) Phthisis
Second (Immediate,)}

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 10th 1878

{Undertaker, Armstrong & Denny
Place of Business, 263 Light St}

Thos Corbett M. D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention

No 23423

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower;*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 1. Dukes alley

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Gen Debility

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 10th 1878

Undertaker, Mr Jas. Gray

Place of Business, Mulberry St

James A Kenny M.D.

Address, Commissioners Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Wm E. Carroll Sanitary Inspector

[OVER.]

No. 23424

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23424.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Gallagher

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 98 Bond

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Bullard Cemetery

Date of Burial, February 10

Undertaker, J B Cook

Place of Business, No 707 W. Baltimore St.

Edwd F. Michael M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23425

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia & Moses Murray (Parents.)

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* One *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 47 Stockholm St

Cause of Death, {First (Primary,) Premature Birth

{Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Feb 5th 1878

Undertaker, Saml Speed

Place of Business, 47 Stockholm St

James A Steuart M.D.

Address, Commissioners Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by E. Wiesman Sanitary Inspector (COL'D.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE MD

Date of Death, Feb. 8. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cecilia

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore, life - in institution 2 hours

Place of Death, {Give street and number.} St. V. Inf. asylum

Cause of Death, First (Primary,) Spasm

Second (Immediate,)

Duration of Last Sickness, dying when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb. 10. 1878

Undertaker, Saml Brown

Place of Business, 156 Division st

Mahony Brewer M.D.

Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 2342

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ina Gertrude Herbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* — *Months,* Five *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 103 Parkin Street

Cause of Death, First (Primary,)

Second (Immediate,) Inbenedus Meningitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb. 10th 1878

Chas. M. Nutt *M. D.*
Medical Attendant.

Undertaker, John Mauchen

Place of Business, No 150 Camden

Address 306 N. Augusta Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23428

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Tolson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent Island Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 1/ X alley Cold

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 6 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Shells St. Cem'y

Date of Burial, Feb 10 1878

Undertaker, S. W. Chase

Place of Business, Howard St

James A Steuart M.D.

~~Medical Attendant.~~

Address, Commis of Health & Registr

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigated by Wm Connell Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1878 BALTIMORE

Date of Death, February 7th 1878

Full Name of Deceased, {Writs legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Delk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 1 *Months,* 7 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grain Measurer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, About 40 years.

Place of Death, {Give street and number.} 124 York St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 10 1878

Undertaker, S W Chase

Place of Business, 1928 Hoiwood St

J. A. Bell M. D.
Medical Attendant.

Address 161 Stirling St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 23430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 10
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Bolden Col^d

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, Six *Months,* 14 *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give street and number.} 224 E. Balt^o St.

Cause of Death, {First (Primary,) Strangling. While nursing. / Second (Immediate,) Strangulation Suddenly.}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Feb 10 1878

{*Undertaker,* Thos J Locke / *Place of Business,* 56 Jefferson}

E. W. Gordon M.D.
Medical Attendant.

Address 222. E. Balt^o St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Spencer Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 Yrs. *Years,* 11 *Months,* 29 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 13 Hamilton St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Laryngitis

Duration of Last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Funeral Sunday

Date of Burial, Feb 10 1878

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, No 193 Forrest

Address 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Munderloh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 03 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} No. 16 Wilhelm St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 11

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

James Bosley M. D.
Medical Attendant.

Address Cor Hollins & Mount Balto. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23433

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McHenry Starr

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 644 S. Leary St

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 11

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

W R McNeal M.D.
Medical Attendant.

Address, 582 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23431

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Baker

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 36 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 17 years

Place of Death, {Give street and number.} 211 Light St.,

Cause of Death, First (Primary,) Suicide

Second (Immediate,) Pistol Shot

Duration of Last Sickness, about 6 Min.

All the above information should be furnished by the Physician.

Place of Burial, St. Barnabas Cem

Date of Burial, Feby 10th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Crapseth.

R. C. Lee M.D.
Medical Attendant.
Coroner's D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 11 *Months,* *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington City D.C.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 14 Booth St. near Gilmor

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, Febuary 10 1878

John Keff M. D.
Medical Attendant.

Undertaker, Wm A. Dungee

Place of Business, 10 Stockton alley *Address* 338 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wensle Ruzicka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 35 Barnes St

Duration of Residence in the City of Baltimore, 1 yr 11 mos

Place of Death, {Give street and number.} 40 Barnes St

Cause of Death, First (Primary.) Pneumonia after measles

Second (Immediate.) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, February 11th 1878

Undertaker, Adam Fink

Place of Business, 461 North Gay St

E. G. Walls M.D.

Medical Attendant.

Address 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2345

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bockmer

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 5 *Years,* 5 ~~6~~ *Months,* 23 *Days*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. Cor Warner & Wayne

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 12th 1878

Undertaker, F. N. Poll

Place of Business, 131 Hanover St

R. J. H. Tall M.D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2324/38,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M Weyraugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ~~11~~ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoe Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during his life

Place of Death, {Give street and number.} 160 Enson

Cause of Death, {First (Primary.) Pulmonary Consumption
Second (Immediate.) of 2 months} 15 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 12th 1878

Undertaker, John H. Weaver

Place of Business, # 22 W. Fayette St.

S. T. Knight M. D.
Medical Attendant.

Address 112 North Greene S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2045

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23439. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Tracy

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 613 Albemarle st

Cause of Death, {First (Primary,) ..... Second (Immediate,) Pneumonia Scarlatina

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 11 Feb 3 o'clock

Undertaker, Geo C Roberson

Place of Business, 38 Mon St

C. Ridgway Taylor M.D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully invited to the Remarks below, ...ecessity of the ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23,440.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Bunker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Life

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Stirling St

Cause of Death, {First (Primary.) Scarlatina Maligna

Second. (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Burial ground.

Date of Burial, February 11th 1876

Undertaker, Wm. H. Eichman

Place of Business, 234 E. Lay St.

A. E. Klein, M. D.
Medical Attendant.

Address 98 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Whittemore.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Massachusetts.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 394 Franklin St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) 2 days –

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, Feb 11th 1878

Undertaker, John J Andrews

Place of Business, No 456 Druid Hill Avenue

J. W. C. Cuddy M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2374/12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Gerhardt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* 9 *Months,* 23 *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Keeper of Beer Saloon

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 9 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 259 E. Eager St

Cause of Death, First (Primary,) phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem. *Medical Attendant,* E Hall Rutledge M. D.

Date of Burial, Feb. 13th 1878

Undertaker, Julius Koehler *Address* 151. Aisquith St

Place of Business, Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Rebecca Wilmer

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 88. *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 6. S. Chester St

Cause of Death, First (Primary,) Fatulad disease of Heart

Second (Immediate,) (Natural Cause - Senile Edema -)

Duration of Last Sickness, Two months

All the above Information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 12th 1878

Undertaker, Henry Fockler

Place of Business, 241 Eastern Ave

A S Larton M.D.
Medical Attendant.

Address 543. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, Feby 12th 1878

..... *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 66 S. Broadway *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23445,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie Edith Stevens

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 25 N. Mount

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Nephritis

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Bro'n Carriage

Date of Burial, Feb 11th 1878

Undertaker, Hughes Bro & Co

Place of Business, 550 W Fayette st *Address* 680 W. Fayette st

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Und[ertaker] or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23448.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Mack

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the ~~City of Baltimore~~ Institution 5 Mos

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, from time of admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 11th 1878

Undertaker, Joseph F Byrne

Place of Business, 5-9 n Liberty

Martin Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23447.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1878 Feb 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel L Logan

HEALTH DEPARTMENT FEB 11 1878 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Soldier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number.} 368 Ramsay St Balt Md

Cause of Death, {First (Primary,) Internal Cancer Stomach

Second (Immediate,) Dropsy

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 12th 1878.

{*Undertaker,* Adam Weidemeyer

Place of Business, 518½ Baltimore St.

Wm T Clarke M. D.
Medical Attendant.

Address 1026 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ly invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23448,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 11 1878 BALTIMORE

Date of Death, Feb 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Rymarzewski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #60 Philpot St.

Cause of Death, First (Primary.) Tetanus Traumaticus

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 11 1878

John H. Kehberger M.D.
Medical Attendant.

Undertaker, F. Rymarzewski

Place of Business, 60 Philpot St

Address 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23.449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th February 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Anne Marie ~~Sandeer~~ Sandner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 6 *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hausen, Baoary, Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Potomac street Nro 10.

Cause of Death, First (Primary,) Pericarditis rheumatica

Second (Immediate,) Hydropericardium (Hydrothorax)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Alpha House Cemy

Date of Burial, February 12th

Undertaker, Hendlime & Dippel

Place of Business, 151 S Bond st

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23450

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23450

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 11 1878 BALTIMORE

Date of Death, February 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. E Balk

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Formerly Bill Broker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York State

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 129 Biddle St ~~129~~

Cause of Death, First (Primary,) Rheumatism Hypertrophy Heart

Second (Immediate,) Pneumonia & Hypertrophy Heart

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb 12

Undertaker, C W Bizzard

Place of Business, 201 Penn Ave

W Hammond M.D.

Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...marks below, and to List of Diseases on ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT ... 1878 ... BALTIMORE

Date of Death, February 10th 11.30 A.M. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ford Sunderland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 181 Fourth Street

Cause of Death, First (Primary) Encysted Cancer over

Second (Immediate.) right Sterno Mastoid muscle

Duration of Last Sickness, since October 1877

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Feby. 12, 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

James E. Ducatel M.D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin W. Hamilton

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. city md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10. 264 S. Broadway

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels B. yard

Date of Burial, Febry 12th 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

R. Mallandrid M.D.
Medical Attendant.

Address, 114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23453,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 11 1878 BALTIMORE

Date of Death, Feby 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 74 S. Broadway

Cause of Death, {First (Primary,) Old Age

Second (Immediate,) Old Age

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Feby. 12. 1878

Undertaker, M. A. Dauer

Place of Business, 94 S. Broadway

M. D.
Medical Attendant.

Address 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Clarke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 103 Fremont St - Baltimore

Cause of Death, {First (Primary,) Valvular disease of heart & Senile gangrene

Second (Immediate,)

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Febry 11th 1878

Undertaker, M. A Lazer

Place of Business, 74 S. Broadway

S. A. Chew M. D.

Medical Attendant.

Address 141 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Name of ~~Date of Death~~, Adam Seibardt. Feb. 10 78

~~Full Name of Deceased~~, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

~~Sex~~, Male ~~or Female~~. {Cross out the words not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Mar. Hosp.

Cause of Death, First (Primary,) Interstitial pulmonary

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Feb: 12th 78

Undertaker, Rau & Bartell

Place of Business, 62½ W. Baltimore St

C. Smith M.D.
Medical Attendant.

Address, 245 E. Saratoga

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Richardson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 80 *Years,* *Months,* *Days.*

Color, Col'd *Sex,* f

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} Jasper St. 99

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 14 1878

Undertaker, S W Ehrman

Place of Business, 188 Howard St

Chas. G. Lay M. D.
Medical Attendant.

Address Park Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna P. Grant

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, —— *Years,* —— *Months,* 17 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 169 Hamburg St

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12th 1878

Undertaker, S. W. Chase

Place of Business, Howard St

James A Steuart M.D.

Attending Physician.

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Investigation by Robert Jackson, Sanitary Inspector

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Lewis

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 2 *Days.*

Color, Colord

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimor

Duration of Residence in the City of Baltimore, 7 mos. 2 days.

Place of Death, {Give street and number.} 59 Orchard St.

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) "

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12 1878

Undertaker, John C Justice

Place of Business, 1063 Caroline

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gieiine

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the worde not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Md.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 155 York st.

Cause of Death, {First (Primary.) Cancer of the Uterus
Second (Immediate,) 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Ver Burial Depot

Date of Burial, Feb 13 1878

Undertaker, J W Chase

Place of Business, 119 Kirwan

R. M. Hall M.D.
Medical Attendant.

Address 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Coll

[OVER.]

No. 2346

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1873 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 February 1873

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Colbert

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* 5 *Months,* 21 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Calverton Road 14

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, ~~in Towson~~ Loudon Park

Date of Burial, 12 February

Undertaker, J. J. Davies

Place of Business, Edmondson Road

H. F. Reinhardt M. D.
Medical Attendant.

Address, 24 N. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 1878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23,461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Downey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5.3 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, A child

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} A Baltimore County Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} 169 Hanover St

Cause of Death, First (Primary,) —

Second (Immediate,) Phthisis

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Anna Arundel Co

Date of Burial, Feb 13th 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Thos Corbin M.D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Fitzpatrick
S. & Ellen Fitzpatrick Points

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~———~~ *Years,* ~~———~~ *Months,* 1/2 hour ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Rock St

Cause of Death, {First (Primary,) Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 12 1878

Undertaker, Ed. Fitzpatrick

Place of Business, 12 Rock St

Thomas A Henry M.D.
~~Medical Attendant~~

Address, Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Investigation by Geo E. Taylor Sanitary Inspector

No. 2,[illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23163,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Lowe Baker

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 9 hours *Months,* ——— *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 N. Paca St

Cause of Death, First (Primary,) unknown

Second (Immediate,) Supposed Asthenia

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Feb 13th 1878

Undertaker. W. M. Duncan

Place of Business, 65 Mulberry St

Jno. A. Steuart M.D.

~~Medical Attendant~~

Address, Comm'rs of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Sanitary Inspector

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

Date of Death, Feb. 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Hoots

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four Years, *Months,* *Days.*

Color, Colored. *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teamster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Rundellico

Duration of Residence in the City of Baltimore, Ten yrs

Place of Death, {Give street and number.} No 57 Josephine Court

Cause of Death, First (Primary,) From information I could gather I should the cause of his death was "Heart Trouble"
Second (Immediate,)

Duration of Last Sickness, About two hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Hall~~ H comerly

Date of Burial, Feb 12th 1878

Undertaker, Wm Lewis Gray

Place of Business, 63 Mulberry St

Chas. N. Neff M. D.
Medical Attendant.

Address 306 N. Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 23465 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

Date of Death, Feb. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Martha Binnix

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt: Co. Md

Duration of Residence in the City of Baltimore, 43 years.

Place of Death, {Give street and number.} 57 Chew St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Organic Disease of the Heart

Duration of Last Sickness, Nine weeks.

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 13th/78

Undertaker, Geo Schilling

Place of Business, Holland Bynar

Aug. H. Erich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23466,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

Date of Death, Feb. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml J. Frederick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 9 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 224 N. Eutaw st

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Exhaustion}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Stampeden Baltimore

Date of Burial, Feb 13th 1878

{*Undertaker,* John J Andrews / *Place of Business,* 476 Smallsalley}

W. B. Griffith M. D.
Medical Attendant.

Address 60 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE.

Date of Death, Feb 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria, Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 179 E. Madison Alley

Cause of Death, {First (Primary,) Cerebritis

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Feb 12th 1878 2 o'clock P.M.

Undertaker, Henry Snyder

Place of Business, 252 Canton Ave.

James C. Hane M. D.
Medical Attendant.

Address 6 & S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

Date of Death, February 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin D. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Two (2) *Years,* Eight (8) *Months,* Eighteen (18) *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, One Month 17 Days

Place of Death, {Give street and number.} No 106 Lee St

Cause of Death, {First (Primary,) Congestion of Brain

{Second (Immediate,)

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 13th 1878

Jno. D. Blake M. D.
Medical Attendant.

Undertaker, C F. Krause

Place of Business, 209 Hanover St *Address* 120 Scott St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Russell.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* *Days.*

Color, Wh —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 256 St Charles

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria 4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 12th 1878

Dr. J. H. Tall M.D.
Medical Attendant.

Undertaker, Mar P Byrne

Place of Business, 63 Front

Address 152 Church

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23.470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 12
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Berlin Rosenwald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* 21 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 25 East Fayette St

Cause of Death, {First (Primary,) and age

{Second (Immediate,) Indigestion and Catarrh of Intestines

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Febr 13th 78

{*Undertaker,* Wm Eilau

{*Place of Business,* 101 Gough St

G. Lichtman M. D.
Medical Attendant.

Address 68 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Luckenbill

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 30 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 197 E. Eager st

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Comtry

Date of Burial, Febr 13 1878

P. J. Daniel M.D.
Medical Attendant.

Undertaker, Henry Stack

Place of Business, 89 Central Ave

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23472

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mater Campbell

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} North Umberland Co Virginia

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} Mulliken 121

Cause of Death, {First (Primary,) ~~Paralysis~~ Second (Immediate,) Paralysis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetry

Date of Burial, 12th february 1878

Undertaker, Wm. M. Dunges

Place of Business, 62 East St

E. L. Baldwin M. D.
Medical Attendant.

Address, 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stella W Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 22 *Days.*

Color, B Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 Ellinger alley

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, 12th february 1878

Undertaker, Wm. N. Dungle

Place of Business, 62 East st

W. N. Hill M. D.
Medical Attendant.

Address 31 N. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Walter Horace Chamber-Bright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 10 *Months,* 2 *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 48 Hampstead st

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ——

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, 12th febuary 1878

Undertaker, Wm N. Dugger

Place of Business, 62 East st

D W Cathell M. D.
Medical Attendant.

Address 21 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number.} 43 Parrish St

Cause of Death, First (Primary,) Pneumonia (Catarrhal)

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, 12th febuary 1878

Undertaker, Wm N. Dunge

Place of Business, 10 Stockton aly

James Dorsey M. D.
Medical Attendant.

Address Cor: Hallins & Mount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23476.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Patterson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland Born in America

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, {First (Primary,) Cancer of Bowels

Second (Immediate,) Exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 13 1878

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Alex J McKay M.D.
Medical Attendant.

Address, 188 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23477.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. States

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 52 Penn Ave

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 13th 1878

J. T. Lewis M. D.
Medical Attendant.

Undertaker, Henry Sawin

Place of Business, 52 Penn Ave *Address* 185 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2378,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
FEB 12
1878
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 10 '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederika Kendler

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 41 S. Wolfe St

Cause of Death, First (Primary,) Pleuritis

Second (Immediate,) Oedema pulmonum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, Feb 13th 1878

Undertaker, H. Keller

Place of Business, 247 E. Lombard

J. Scathieu M. D.
Medical Attendant.

Address, 245 S. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 13 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Hills

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 371 Saratoga St

Cause of Death, First (Primary,) Cancer of Uterus

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Febry 13th 1878.

Undertaker, John H. Weaver

Place of Business, 22 W. Hayet St

T. J. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Wilson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} No 70 Morris Alley

Cause of Death, First (Primary,)

Second (Immediate,) Consumption of Lungs

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 12

Undertaker, Wm H Bishop Jr

Place of Business, 47 Druid Hill Ave

Geo C Ogle Coroner M.D.

Medical Attendant.

Address, 229 Cary St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday Feb 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A. Lawrence

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 72 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number.} 62 Harford Avenue

Cause of Death, {First (Primary.) Cardiac Disease with Cerebral Complications,

{~~Second (Immediate.)~~

Duration of Last Sickness, Four years.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Feb 13th 1878

Undertaker, John J Rodenmayer

Place of Business, Or Summant ave

1 Monument sq

William Brister M. D.
Medical Attendant.

Address 25 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Attention of Physicians is especially invited to the Remarks below, and to List of Diseases on ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 mo 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil W. S. Waller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 12 Jefferson St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, February 14, 1878

Undertaker, Wm. H. Bro.

Place of Business, 54 N. Broadway

W. Riley M. D.
Medical Attendant.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23488,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Conroy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Late Capt of Oyster Pungy Trade

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland - 10 years

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} City Hospital Residence 17 Front Alley

Cause of Death, First (Primary,) Gun shot wound

Second (Immediate,) Pyemia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feby 13. 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

J. F. Preston M.D.
Edmund Revell M.D.
Medical Attendant.

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2324-1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jinnie Hughes

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 259 Saratoga Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheretic Croup

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 13th 1878

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Samuel Shearer M. D.
Medical Attendant.

Address 97 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2 3 2 / 8 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Burr

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 633 Penna Ave

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Chas E Sadtler M. D.

Medical Attendant.

Date of Burial, Feb 13, 1878

Undertaker, John C Jordon *Address* 649 Penna Ave

Place of Business, No 63 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Mc Cuddy -

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond -

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number.} 77 N. Eutaw St.

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate,) Endocarditis & Meningitis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Feb 13th

{*Undertaker,* J. M. Leonardson

{*Place of Business,* 182 W. Baltimore

J. S. Whitehurst M. D.

Medical Attendant.

Address Fayette & Pace.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* [redacted] *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 47 Lucas St.

Cause of Death, First (Primary,) Chronic Dyspepsia

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, About 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 14th 1878

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G. W. Harris M. D.
Medical Attendant.

Address Cor Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juliana Duvall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81. *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Carmelite Nun

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balte. Md.

Duration of Residence in the City of Baltimore, 60 years —

Place of Death, {Give street and number.} Carmelite Convent

Cause of Death, First (Primary,) — old age

Second (Immediate,) Weakness

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem F. E. Shatard M. D.

Date of Burial, 14th Febry 1878 — Medical Attendant.

Undertaker, H. H. Deutsius & Son *Address* 114 Park Ave

Place of Business, 16 Light St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Black

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 9 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 66 North Eappleton St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 13 th 2/78

Undertaker, John B. Blair Linton & Son

Place of Business, No. 606 W. Baltimore St

A. Griffith *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh H Smith

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 52nd *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lock Smith

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County Md

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 179 Aisquith St

Cause of Death, First (Primary,) Some Cold years ago as I understand

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Several years. Ill about 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, February 14th 1878

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St.

Wm Hammond M.D.
Medical Attendant.

Address, 64 N Paca St
Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur H. Reid

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 1 *Months,* ——— *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va. East Shore

Duration of Residence in the City of Baltimore, 5½ yrs.

Place of Death, {Give street and number.} 168 S. Harvard

Cause of Death, {First (Primary,) Psoas Abscess / Second (Immediate,) Exhaustion

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 14 1878

Undertaker, S. H. Chase

Place of Business, 92 Howard St

H. F. Hill *M. D.*
Medical Attendant.

Address N.E. Cor. Fremont and Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jane Edwards

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 1 *Months,* 12 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, {Give street and number.} 159 Maine St.

Cause of Death, First (Primary,) Dropsy Hepatic

Second (Immediate,) " "

Duration of Last Sickness, About 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 14 1878

Undertaker, Samuel McClain

Place of Business, 93 S. Howard St

L. A. Bell M. D.
Medical Attendant.

Address 161 So Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23493,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Lautenbach

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 167 Pa Ave

Cause of Death, {First (Primary,) Cancer of the Uterus / Second (Immediate,)}

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 14th 1898

Undertaker, Wm J. Andrews

Place of Business, 1646 Druid Hill Ave

H. Kellen & L. J. Knight M. D.
Medical Attendant.

Address 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of THIS [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Ill. Died Louisville, Ky

Duration of Residence in the City of Baltimore, From [illegible] One month 17 days

Place of Death, {Give street and number} 75 King Street

Cause of Death, {First (Primary.)} Marasmus

{Second (Immediate,)}

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Feb 13 1878

H. Thieny *M. D.*
Medical Attendant.

{*Undertaker,* William Henry
Place of Business, A. A. Co Md} *Address* 263 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anselm G Berry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} District of Columbia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 227 Saratoga Street

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial,

Undertaker, A. H. Dewkins Son

Place of Business, 16 Light St.

G. W. Hilton M. D.
Medical Attendant.

Address 121 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Issued 1005

[over.]

23496

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Feby. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Black *Sex,* as above

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} East Shore Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 570 Chestnut alley

Cause of Death, First (Primary,) Pulmonary apoplexy,

Second (Immediate,) Apnea.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 14th

I. A. Page M. D.

Medical Attendant.

Undertaker, Thomas Waymouth

Place of Business, 36 Saratoga *Address* 224 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...PECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23497.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Neale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 291 Lindenst

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, February 15th 78

Jos. Neilson M. D.
Medical Attendant.

{*Undertaker,* Thomas Godey, Son
{*Place of Business,* 4 Hanover St.

Address 121 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 12/78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kitty ~~Kuel~~ Speiser.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 5 *Years,* — *Months,* 19 *Days.*

Color, White *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 666 Pennsylvania Ave.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) " extending to Larynx.

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 13th 1878

H K Fetterhoff M. D.
Medical Attendant.

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave *Address* 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Smith

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Meningitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 14th 1878

Undertaker, Jas. Saffran

Place of Business, No 121 Penna Ave

Martin Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Heidebrant

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 306 E. Eager St

Cause of Death, {First (Primary,) Rupture} {Second (Immediate,) Convulsions}

Duration of Last Sickness, half hour

All the above information should be furnished by the Physician.

Place of Burial, St. James' Cem'y

Date of Burial, Feb 14th 1878

Undertaker, H. Hoeck

Place of Business, Central ave

James A Lewis M.D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Robert Jackson Sanit[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kuhn Kunkel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One Year, 2 Months, 9 Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 Barnes Str

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) ten days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Johns Ch

Date of Burial, Feb 14 1878

Undertaker, Henry Hook

Place of Business, 309 N. Central Ave

A Arnsdorf M. D.
Medical Attendant.

Address 254 N. Caroline Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Whitelock Conway

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wilmington Del

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 154 S. Paul St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Cardiac Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 14th 1878

Undertaker, Hughes & Co

Place of Business, 580 Fayette St

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23503,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Shadrick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, Seven Months, Three Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md, Since Birth

Duration of Residence in the City of Baltimore, No. 2 South Amm St

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 15th 1878

Wm H. Chandler, M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23304

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23504

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 13
1878
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Haste

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. City

Duration of Residence in the ~~City~~ Baltimore, 4 weeks

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Dropsy

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 14 1878

Undertaker, Saml Bowser

Place of Business, 156 Division St.

Marbury Brewer M.D.
Medical Attendant.

Address, 211 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2305

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23505,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Machnal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 4 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. County Md.

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} No 434 Cross St.

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western cemetary

Date of Burial, Feb 14th 1878

Embrick H. Wurtz M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 870 W Baltimore *Address* W 202 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 23506

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry D Tan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Williamsport Md

Duration of Residence in the City of Baltimore, from Births

Place of Death, {Give street and number.} No 70 argyle ave

Cause of Death, {First (Primary.) / Second (Immediate,)} Diphtheria

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Williamsport Md. Washington Co

Date of Burial, Feby 14 78

John Barron M. D.
Medical Attendant.

Undertaker, Howard & Hurst

Place of Business, 38 East Address 99 argyle ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit No 6

[OVER.]

No. 23507

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lida Nicolai

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 55 S. Washington St

Cause of Death, First (Primary,) Mesenteric Consumption

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cem.

Date of Burial, Feb 14th

F. H. McManus M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, Broadway

Address 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Strong

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* —— *Months,* —— *Days.*

Color, Color *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} No 14 McElderry Court

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of bowels. 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas Stidem

Date of Burial, Feb 14 1878

Undertaker, Thos. Locke

Place of Business, 56 Jefferson

R. C. Ireland M. D.
Medical Attendant.

Corner E. Dist

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]07

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2359,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Babette Bernheimer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty nine *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hochhausen Grand Dutchy of Baden

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} No. 684 N. Bath. Street

Cause of Death, First (Primary,)

Second (Immediate,) Uterine Cancer

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Filbyport Hebrew Cemetery

Date of Burial, February 15

Chas. H. Nuff M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W. Baltimore St. *Address* 306 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23570

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23570,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 1878 BALTIMORE

Date of Death, July 12th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernard Mc Mahon

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 00 *Years,* *Months,* 10 *Days*

Color, White,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Stone Mason

Birthplace, { State or country (and how long in United States, if of foreign birth.) } County Cavan, Ireland,

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, { Give street and number. } 76 Layton St.

Cause of Death, { First (Primary,) } Cancer of Stomach,

{ Second (Immediate,) }

Duration of Last Sickness, Six Months,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb. 16

Undertaker, J. B Cook

Place of Business, 707. W. Baltimore St

John. J. A. Boyd M.D.
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintendiug the burial, a Certificate settiug forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23571

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23571

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

Date of Death, 12 February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrik Noll

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 2 *Years,* 1 *Months,* 21 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Arlington Av. 56

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt Weston Cemetery

Date of Burial, 14 February

Undertaker, J B Cook

Place of Business No 707 W Baltimore Street

Dr F Reinhard M.D.
Medical Attendant.

Address, 224 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

Date of Death, Feby 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Hammond

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 Years, 2 Months, ——— Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Forty Five years

Place of Death, {Give street and number.} No 5 Etting Street

Cause of Death, {First (Primary.) Cardiac Dropsy / Second (Immediate.)}

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician

Place of Burial, Elk Ridge Landing

Date of Burial, Feb 15th

{Undertaker, Chas Screven / Place of Business, Eutaw & Rose sts}

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

Date of Death, Feb 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Owen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland ~~50 years~~ in America

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 102 Eastern Ave

Cause of Death, First (Primary,) Chronic Dysentery

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, Feb 14 1878

Chas. Lowney M. D.
Medical Attendant.

{*Undertaker,* James & Byrne
Place of Business, No 63 N Front St

Address 59 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Skillman.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* 5 *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 251 E. Fayette St.

Cause of Death, First (Primary,) Congestion of Brain.

Second (Immediate,)

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 15th 1878

Undertaker, Armstrong & Son

Place of Business, 268 Eighth

Jno. F. Powell. M. D.
Medical Attendant.

Address 224 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Milton Jones

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ——— *Years,* 3 hours *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Little Monument St

Cause of Death, {First (Primary,) Premature Birth

{Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 14th 1878

Undertaker, I. L. Andrews

Place of Business, Druid Hill Ave

James A Steuart M.D.

Attending Physician

Address Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Sanitary Inspector

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23576,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14. 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence B. Ballard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 14 Months, 17 Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 155 Sarah Ann St.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 128 Sarah Ann St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, 13th Feb.

Undertaker, P. Kinnear & Co.

Place of Business, 317 Mulberry St.

W. F. Hill M. D.
Medical Attendant.

Address N. E. Cor. Fremont & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23517,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Bordley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Six Years, — Months, — Days.

Color, Ber, *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, { Give street and number. } No. 8 Druid Hill Av.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) 10 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Zion

Date of Burial, Feb. 15 1878

{ *Undertaker,* Charles A White
{ *Place of Business,* 35 Granby Street

A. Caldwell Ireland M. D.
Medical Attendant.

Address 175, Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23578,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Plummer

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* — *Months,* 9 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 130 York Street

Cause of Death, First (Primary,) Catarrh of Head

Second (Immediate,) Convulsions

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 16 1878

Undertaker, S. W. Chase

Place of Business, Howard St

James H Sloan M.D.
~~Medical Attendant~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by William Carroll. Sanitary Inspector

FEB

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

Date of Death, February 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kelley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* – *Months,* – *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Dennigal. Ireland

Duration of Residence in the City of Baltimore, Abut 25 yrs

Place of Death, {Give street and number.} 124 Holliday St. Baltimore.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Disease of Lungs.

Duration of Last Sickness, abut 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 15 1878

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Thos H Stokes M. D.

Medical Attendant.

Address 141 St. Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...e Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

Date of Death, Feb 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cathrine Burke

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* ——— *Months,* ——— *Days.*

Color, W *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Jenkins ally

Cause of Death, {First (Primary,) Chorea & hard work / Second (Immediate,) acute Phthisis

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 15 1878

William Lee M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 67 N Front St *Address* Eutaw & Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2352/, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14. 1878 BALTIMORE

Date of Death, Feb 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Amelia Blake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Dining life

Place of Death, {Give street and number.} N.E. Cor Park Ave & Townsend St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 14th 1878

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St

J. H. Keller M. D.
Medical Attendant.

Address 57 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Howard Triges

~~*Sex, Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 22 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 360 N Broadway

Cause of Death, {First (Primary,) Meningitis Simple / Second (Immediate,) Eclampsia}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. J A Triges M. D.

Date of Burial, Feb 13th 1878 W. L. Russell Medical Attendant.

Undertaker, Thos D Hughes

Place of Business, 60 E Balto Address 360 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23523,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos L Crittenden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* ——— *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 18 Mo

Place of Death, {Give street and number.} 112 Columbia Al

Cause of Death, {First (Primary,) ——— Second (Immediate,)} Double Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Feb 18th 1878

Undertaker, Wm Strachan

Place of Business, No 150 Lombard

J J Hume M. D.
Medical Attendant.

Address 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1007

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* 7 *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 25 King St

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} 25 King St

Cause of Death, {First (Primary,) Duration. Convulsions

{Second (Immediate,) 12 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Jos. E. Lloyd M. D.

Date of Burial, Feby 14th 1878 Medical Attendant.

{*Undertaker,* Wm James Jr.

{*Place of Business,* 65 Mulberry St. *Address* 18 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 23525

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizab Johnson

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 50 Vine St

Cause of Death, {First (Primary,) Whooping Cough

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, Feb 15 1878

Undertaker, S. N. Chase

Place of Business, S. Howard St

James A Steuart M.D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Geo E. Taylor Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Parker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* 0 *Months,* ..... *Days.*

Color, Dark Brown

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Laborer Home work

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number.} No 48 Canal St

unknown

Cause of Death, First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

B F Bohm M.D.
Medical Attendant.

Place of Burial, Mount Street

Date of Burial, Feb 14 1878

Undertaker, John E Jordon

Place of Business, 63 Park Ave

Address Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

Date of Death, 12th Feby '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Büttner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 10 *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 S. Wolfe

Cause of Death, First (Primary,) "

Second (Immediate,) Cerebral Hemiplegia

Duration of Last Sickness, Three Weeks & Two days (By Attendance)

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Feb 15th

Undertaker, Heraldine Dispel

Place of Business, S. Bond St 157

J. Lee F. Mommonier M. D.
Medical Attendant.

Address 51 N. Columbus Row

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 23528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday 13th Feb.;

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Langley

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, Twelve (12) *Years,* four (4) *Months,* Twenty-three (23) *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 26 Plum Alley

Cause of Death, First (Primary,) Burns from coal oil

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two (2) weeks & three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 15th

Undertaker, Wm J Tickner

Place of Business, 65 S. Eutaw St

Thos H Elderdice M. D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23529.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wesley Fennel.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 1 *Months,* 14 *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Commission Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of his life

Place of Death, {Give street and number.} 1042 Fawn St

Cause of Death, {First (Primary,) General debility

{Second (Immediate,) Ten months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 16th 1878

Henry Smith, M. D.
Medical Attendant.

{*Undertaker,* John H. Weaver

{*Place of Business,* 22 W. Fayette St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23530, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Findlay

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 534 S. Charles St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Post Partum Hemorrhage

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 15th 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Theodore Costa M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2353/ OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1878 BALTIMORE

Date of Death, February 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Degenfelz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 19 Shakespear

Cause of Death, {First (Primary,) Old age / Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Feb'y 15th 1878

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

James E. Donnelle M.D.
Medical Attendant.

Address 299 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leonard Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, African Race

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Mary's Co. Md -

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 24 Walnut Alley

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mon Cathedral cemetery

Date of Burial, February 14th 1878

{*Undertaker,* Wm Bickett Jr

{*Place of Business,* 97 Druid Hill Ave

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 23533

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie A. Silance

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Two *Years,* ~~but Six Days~~ *Months,* Less Six Days *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 37 S. Carey St.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 15th 1878

Undertaker, Frank Deets

Place of Business, 768 W Balt. st

J. T. Smithson M.D.
Medical Attendant.

Address, # 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 15 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 3. P. M. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Angel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 5 Weeks. ~~*Months,*~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 184 S. Dallas

Cause of Death, First (Primary,) ...

Second (Immediate,)

Duration of Last Sickness, Mother says at 3 P. M. the 13th child took with Spasms and died at 10 P. M. same day.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 15

Undertaker, W. Diffel

Place of Business, S. Bond st. 151

James E. Donelle M. D.
Medical Attendant.

Address 299 E. Balto. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

Permit No. 23535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1878 BALTIMORE

Date of Death, Feb 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Gaines

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, —— *Years,* 1 *Months,* 19 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 270 Montgomery St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, Delicate all its Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Feb 16 1878

Undertaker, S. W. Chase

Place of Business, S. Howard St

James A Steuart M. D.
Medical Attendant

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Wm Carroll — Sanitary Inspector

OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 23536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Jones

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 4 *Months,* 13 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 143 N. Bond St

Cause of Death, First (Primary,) Tuberculosis Meningitis

Second (Immediate,) Consumption

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 15th 1878

Undertaker, Thos. G. Lockis

Place of Business, No 58 Jefferson St

H. L. Hiss M.D.
Medical Attendant.

Address, 70 S. Bond Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below.

Board of Health, City of Baltimore,

Permit No. 23537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Vandevaire

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 65 Lancaster St. Balto

Cause of Death, {First (Primary,) old age

Second (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 16th 1878

Undertaker, A. Hahn

Place of Business, 246 Lombard

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23538 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 159 Johnson

Cause of Death, {First (Primary,) Infantile

Second (Immediate,) exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, Feb 15th 1878

Undertaker, C. F. Herold

Place of Business, Hanover St *Address*

DR. J. H. SMITH. FEB 15 1878 BALTIMORE, MD.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 23539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 15 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Moore

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* Five *Months,* ..... *Days*

Color,

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 259 Montgomery St

Cause of Death, {First (Primary,) Diarrhea

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Feb 15th 1878

{ Undertaker, F. A. Kerchner

{ Place of Business, S. Conwell Ave

Julius Hall M.D.
Medical Attendant.

Address, Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 23540,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1978 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Feb. 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine L. Oliver

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* Eight *Months,* Fourteen *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 145 East Fayette St

Cause of Death, First (Primary,) Catarrh of the lungs

Second (Immediate,) From suffocation

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, Feb. 16. 1878

Undertaker, J. D. Rossiter

Place of Business, 136 E. Fayette,

Milton A. Taylor M.D.

Medical Attendant.

Address, Broadway & McElderry st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23541

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* 13 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Arundel Co - Md

Duration of Residence in the City of Baltimore, 35 years -

Place of Death, {Give street and number.} No 129 Welcome Alley

Cause of Death, First (Primary,) Exposure & Cold.

Second (Immediate,) Pneumonia

Duration of Last Sickness, About — Two weeks -

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16 1878

Undertaker, J Welsh

Place of Business, 45 S Howard St

L A Bruce M. D.

Medical Attendant.

Address 151 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23574

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1878 BALTIMORE

Date of Death, Feb. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia A. V. Davis

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 103 Belmont alley

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 15 1878

Undertaker, S. W. Chase

Place of Business, 168 S. Howard St

R. M. Hall M. D.
Medical Attendant.

Address 262 E. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Virginia Matthews

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 107 Tyson St, Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 107 Tyson St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Lynnhurst Cemetery

Date of Burial, Feb 15 1878

Undertaker, E. Wyatt Grant

Place of Business, 1913 Hollins St

E. Gadsden Welch M. D.
Medical Attendant.

Address 512 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2352

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2352/41

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus Hughes

Sex, Male or Female, {crows out the word not required in this line.} Male

Age, 53 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Whitewasher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, some time

Place of Death, {Give street and number} 42 Orchard St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) do not know was not in attendance

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Feb 14 78

Undertaker, J. H. Chase

Place of Business, [illegible]

N. H. Keuck M. D.
Medical Attendant.

Address, 223 Franklin.

HEALTH DEPARTMENT FEB 15 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23575 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Bernard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 26 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not Known

Occupation, Not Known

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} City Hospital

Cause of Death, {First (Primary,) Heart Disease
Second (Immediate,) Not Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, February 14

Undertaker, Jas P Byrne

Place of Business, 63 Front

Edward R Miller M. D.
per Chas Fuge
Medical Attendant.

Address Kirkwood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23546

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 15 1878 BALTIMORE

Date of Death, Feb 14/1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Herbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs 10 mos

Place of Death, {Give street and number.} No 1 Federal St.

Cause of Death, First (Primary,) Pneumonia fatis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 16th 1878

Undertaker, Chas F Sewell

Place of Business,

A. L. Shaw M. D.
Medical Attendant.

Address 879 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this ve...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23547/1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schüler

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 462 N. Gay St

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasms / since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 16 1878

Undertaker, A. Fink

Place of Business, N. Gay St

James A. Steuart M.D.

~~Name of Attendant~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Investigation by E. Weinman Sanitary Inspector

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1878 BALTIMORE

Date of Death, 14th. February 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Schorr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 hours. ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married Single Widow or Widower~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Since Early Lifetime

Place of Death, {Give street and number.} E. Lombard Street 213.

Cause of Death, {First (Primary.) Cyanosis

Second (Immediate.) During Lifetime

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, Old Lorrel Cemetery

Date of Burial, Feb 15th 1878

Undertaker, C. Eckhart

Place of Business, 269 Canton Ave.

William Henkel M.D.
Medical Attendant.

Address S. Wolfe & Hf.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Sec. 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23549

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jewes

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} Male

Age, 6 *Years,* — *Months,* — 16 — *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 71 East Fayette

Cause of Death. {First (Primary,) Scarlet Fever

Second (Immediate,) Two days in

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 16/78

Undertaker, L. D. Rossiter

Place of Business, 136 E Fayette St.

Thomas J. Evans M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23550,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eleanor Anderson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 78 yrs

Place of Death, {Give street and number.} 219 Druid Hill Ave

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) "

Duration of Last Sickness, about an hour

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, Feb 16 1878

Undertaker, C. H. Blizzard

Place of Business, 201 Penn ave

E. C. Price M. D.
Medical Attendant.

Address 262. Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23551

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1898 — (24 29)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hardy Co W. Virginia

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 137 Jefferson Street

Cause of Death, First (Primary,) Catarrhal Fever

Second (Immediate,) Eclampsia

Duration of Last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb. 16th 1898

Undertaker, Hon Justus Lee

Place of Business, 16 Eagle St

James E. Emmitt M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1870 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Howard Pelin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 167 N. Caroline Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Membranous Croup

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, February 17th 1870

Undertaker, Jno. H. Hickman

Place of Business, 234 N. Gay St.

Charles H Thomas M. D.
Medical Attendant.

Address 85 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella E. Keane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No 25 Potomac St Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 191 N. Hudson St Balto 2nd

Cause of Death, {First (Primary,) Second (Immediate,)} Scrofula — 5 Months

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Feb 16 1878

E. J. Hilliard *M. D.*
Medical Attendant.

{*Undertaker,* Mc Schulling
Place of Business, Elliot St} *Address* 17 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rev Dabney Ball

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty Seven *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Minister Methodist Ep Church, South

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fauquier Co Va

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 101 Franklin St

Cause of Death, First (Primary,) Hypertrophy of heart with Dilitation complicated with Pneumonia

Second (Immediate,) Dilitation of the heart

Duration of Last Sickness, Three weeks ill, not well for some months

All the above Information should be furnished by the Physician

Place of Burial, Druid Hill Cemetery

Date of Burial, February 17th 1878

Undertaker, Thomas L. Hughes

Place of Business, No 288 Madison Ave corner of E. Balto St

Edwin C Price & Son M. D.

Medical Attendant.

Address 262 Mead Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23535.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16 '78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Reichard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* *Days.*

Color, W *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years 8 months

Place of Death, {Give street and number.} 108 West St.

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feb 18 '78

Undertaker, J. B. Hall

Place of Business, 17 E. Lexington St.

Address Please send me a

Coming Carriage

Louis Mees *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 15th. '78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth A Parry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Widow

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 282 N. Central ave.

Cause of Death, First (Primary,)

Second (Immediate,) Cancer of the Womb

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudown Park

Date of Burial, Feb 17 1878

Jno. Morris *M. D.*
Medical Attendant.

Undertaker, H C Watchman

Place of Business, 191 S Bond St *Address* J. Fowler

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Stewart

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 16 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co Md.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 305 - Hanover St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17 1878

{*Undertaker,* Jacob Davis

Place of Business, Lee St

R. C. Lee M.D.

Coroner 3 D.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 23558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Horn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 230 Eastern Ave

Cause of Death, {First (Primary,) Bronchitis & Convulsions

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Feb 17th 1878

Undertaker, Henry Sanders

Place of Business, Canton ave.

John H Conner. M. D.

Medical Attendant.

Address 286 E. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23559,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ...

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ... *Years,* ... *Months,* ... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} ...

Cause of Death, {First (Primary,) ... Second (Immediate,)} ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ... *Address* ...

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brian

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 36 *Years.* *Months.* *Days.*

Colored *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 303 Biddle St

Cause of Death, First (Primary,) Retro-uterine Haematocele

Second (Immediate.) " "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 17

Undertaker, Leitch & Son

Place of Business, 96 Conway St

W W Browne M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th February 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Burns.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~ ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Twenty five years.

Place of Death, {Give street and number.} 61 E. Monument St.

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate.)}

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemt

Date of Burial, Feb 17—1878

Geo. J. Collins. M. D.
Medical Attendant.

{*Undertaker,* John I Redemeyer
Place of Business, Cor Lemmon & Monument Sts} *Address* 46 Richmond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23562,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 13th/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvin A Travers

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 44 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Seaman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md—

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Brights Disease of Kidneys

{Second (Immediate,) Asthenia

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Western Bubble County

Date of Burial, Feb 13/78

Undertaker, Fred'k A Keuchers

Place of Business, 50 S Carrollton Ave *Address,*

J. T. Sledge, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Braddicks

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the words not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sexton of the Bethel M. E. Church Lorraine St

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No 7 East Lorraine Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green St Cemetery

Date of Burial, Feb 17th 78

Undertaker, Edward H. Shaw

Place of Business, 14 S. Howard St

J. D. Starr M.D.
Medical Attendant.

Address, Corner Liberty & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 15. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Green

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the words not required in this line.}

Age, 2 *Years,* 8 *Months,* ——— *Days*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 2 Yrs 2 Mos

Place of Death, {Give street and number.} 50 Lime

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Shaft Cemetery

Date of Burial, Feb 17 1878

Undertaker, Bernard Whalen

Place of Business, 92 Hanover St

Louis M. Eichman M. D.
Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REVERSE SIDE, AND A LIST OF DISEASES OF WHI

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23565,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hoffmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* 11 *Months,* 7 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frankfort Germany,

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number.} No 151 N. Gallaghe

Cause of Death, {First (Primary,) / Second (immediate,)} Paralysis of 4½ years duratio

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y

Date of Burial, 18th Feb 1878

Undertaker, Samuel Hamill

Place of Business, 35 Park Ave

James Armitage M. D.
Medical Attendant.

Address No 14 N Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 23566

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Clubbe

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 76. Rose st. Canton,

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions-

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel City~~ to 5th the German Ref. St. Pauls

Date of Burial, 17 day of Feb

Undertaker, John Brown

Place of Business, 153 S Register St

A. L. Lake M.D.
Medical Attendant.

Address, 235. Gough st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Bohmer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ___ *Years,* 3 ~~Months~~ 24 *Days.*

Color, White *Sex,* ___

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~Housekeeper~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 3 years 24 days

Place of Death, {Give street and number.} South East Cor of Warner & Wans Sts

Cause of Death, First (Primary,) Diptheria

Second (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Gloor Gates M. D. S

Date of Burial, Feb. 16th Medical Attendant.

Undertaker, F. N. Todd ~~Gloor Gates~~

Address ~~Business~~, 191 Hanover St No 163 Gay St N.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dwight Green

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* Twenty-one *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 275 N Eutaw St Balt-Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 275 N Eutaw St

Cause of Death, {First (Primary,) Catarrh

Second (Immediate,) Ten days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon

Date of Burial, February 16 1879

Undertaker, Wm. E. Jordan

Place of Business, 163 Park Av

D. Ruffner M.D.
Medical Attendant.

Address, 89 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate settiug forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23569,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kitty Kines

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 28 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 Walker st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 17th 1877

Undertaker, Geo Saffrans

Place of Business, 121 Fremont Ave

A. L. Buddenbohn M. D.

Medical Attendant.

Address, 166 S. Front st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Hays

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 410 Canton Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, February 17th 1878

Undertaker, H. & H. Gilmoyer

Place of Business, 341 Canton Ave.

L. L. Gilbert M.D.
Medical Attendant.

Address, 10 Cemetery

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 23571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Bishop

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Portsmouth V.

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} 410 Mulberry St.

Cause of Death, {First (Primary,) Organic disease of the Heart.

{Second (Immediate,) anasac.

Duration of Last Sickness, 27 days.

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery P. R.

Date of Burial, Feb 18th 1878

Undertaker, G. Loane

Place of Business, 598 W Balto st

Louis W Dunn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

...t No. 23572 OFFICE OF REGISTRAR OF VITAL STATIST...

...he Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled ...t*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y, 15/878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Carver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 124 S. High St

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,) One Day Night

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Md

Date of Burial, Feb 17 1878

A. Schaefer M. D.
Medical Attendant.

Undertaker, C. T. Sievers

Place of Business. Eutaw St

Address 11 S. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23573 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1878 BALTIMORE

Date of Death, February 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Butler.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* 21 *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 West St.

Cause of Death, First (Primary,) Scrofula,

Second (Immediate,)

Duration of Last Sickness, About 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cem

Date of Burial, Feb. 16th 1878

Undertaker, F. A. Kirchner

Place of Business, 50 S. Conkling St

Address, Northern Dispensary

J. B. White M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Lewis Knickerbocker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 5 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Pharmacist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, from Birth

Place of Death, {Give street and number.} 111 W. Lombard St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Congestion Lungs

Duration of Last Sickness, Do not know. called on day of his death. Case in care of Dr. Brown

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 17th Feby 1878.

J. W. Coates *M. D.*

Medical Attendant.

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Balto St

Address 506 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 23757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1898 BALTIMORE

Date of Death, February 14th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Kerr

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany / 50 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 44 Park Avenue

Cause of Death, First (Primary,) Heart Disease and Age

Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 18th Feb. 1898

Undertaker, Henry Mayer

Place of Business, 116 N. Howard St.

A. Riel M. D.
Medical Attendant.

Address 30 N. Bernard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 23176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleanora Daniel (Demon)

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } .....

Age, 3 yrs *Years,* *Months,* *Days.*

Color, White *Sex,* .....

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 54 St Paul St.

Cause of Death, { First (Primary,) Hydrocephaloid Laryngitis
Second (Immediate,) Exhaustion.

Duration of Last Sickness, Ill about a month.

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 17th 1878

{ *Undertaker,* Joseph F Byrne
Place of Business, 59 & Liberty

Geo. C. Lay — *M. D.*
Medical Attendant

Address Park Ave & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 2357.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert. E. Keller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~X~~ 3. *Years,* 2. *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 286. S. Sharp St.

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Feb 18

{*Undertaker,* H Brisle
Place of Business, Pennsylvania Ave

Thomas Cord M.D.
Medical Attendant.

Address 146. S. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23578,

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity Hackett.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, About 20 Years.

Place of Death, {Give street and number.} # 130 Lee St.

Cause of Death, First (Primary,) Exposure & Cold

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, About Seven Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 17 1878

Undertaker, D. Wolfe

Place of Business, 19 St Howard

Attended, M. D.
Medical Attendant.

Address 161 So. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23579.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRY 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Griffin

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, ——— *Years,* Eleven *Months,* ——— *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 16 N Poppleton

Cause of Death, {First (Primary,) Meningitis

{Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Febr 17th

{*Undertaker,* A B Leach

{*Place of Business,* 172 W Baltimore st

Thomas O'Pie M.D.
Medical Attendant.

Address, 398 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt. Fisk Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* One (1) *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 19 Woodward St.

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give street and number.} 19 Woodward St.

Cause of Death, ~~First (Primary,)~~ Unknown the child dying very sud-
~~Second (Immediate,)~~ duly Somewhat ~~Cyanotic~~ Cyanotic

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 18th

Jno. D. Blake M. D.
Medical Attendant.

Undertaker, Family (Robt Fisk)

Place of Business, 19 Woodward St *Address* 180 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Jule Wm

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 1845

Place of Death, {Give street and number.} 213 Hamburg st

Cause of Death, {First (Primary,) Asthma

Second (Immediate,) Hemorrhage

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16 1878

Undertaker, Hoelzle Bros

Place of Business, 12 & Lombard

H W Webster, M.D.
Medical Attendant.

Address, 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katabird Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty *Years,* five *Months,* Sixteen *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Servant girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 163 W. Lombard St.

Cause of Death, {First (Primary,) Difficult labor, occipito-posterior pr.
Second (Immediate,) Syncope

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Wm Gombel M. D.

Date of Burial, Feb 18th Medical Attendant.

{*Undertaker,* Geo Schilling *Address* 163 W. Lombard St.
{*Place of Business,* Ashland Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23589,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Maynard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3. *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not known

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} St Francis Asylum. Chase St

Cause of Death, First (Primary,) — Whooping Cough

Second (Immediate,) Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 18 1878

Undertaker, John B. Gruber

Place of Business, 28 & 28 Park St.

T. E. Shattuck M. D.
Medical Attendant.

Address 114 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

MD BALTIMORE CITY - FILM

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wicklins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3, *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 495 Light St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Feby 19th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 18 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Keller

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Thirty three *Years,* One *Months,* Twenty three *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 26½ Lexington Street

Cause of Death, {First (Primary,) Chronic enteritis

{Second (Immediate,) Bronchitis acute

Duration of Last Sickness, About Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Feb 19 ~~Pt~~ 78

Undertaker, Wm Elsner

Place of Business, 101 Gough St

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23586,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Langelotty

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 155 Columbia Ave.

Cause of Death, {First (Primary,) Capillary Bronchitis

Second (Immediate,) Apnoea 2nd Stage

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, 19th Feb. 1878

Undertaker, Wm. T. Dill

Place of Business, 183 Columbia Ave.

C. L. Bodenhorn M. D.
Medical Attendant.

Address, 166 S. Front St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loverna R. Bell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ~ *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt C. G

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 9 Bolton Alley

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 19th

Undertaker, J E Brough

Place of Business, 319 Penna Ave

Geo G Gile coroner *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 23586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th. February 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Johann Georg Boehm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bayreuth, Bavary, Germany

Duration of Residence in the City of Baltimore, 32 Years.

Place of Death, {Give street and number.} Gough street 184.

Cause of Death, {First (Primary,) Pleuritis carnata; Second (Immediate,) Hydrothorax

Duration of Last Sickness, 10 months

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemtry

Date of Burial, Feb 19th

Undertaker, H Eschlich

Place of Business, 246 Eastern Av

William Henkel M. D.
Medical Attendant.

Address S. Wolfe & N. 117.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23589.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Mattie Drexel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* Sixteen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 313. W. Hoffman St

Cause of Death, {First (Primary,) Congestion Brain

{Second (Immediate,) about one hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral St Peter's Burian ground

Date of Burial, Feb 17 1878 Saml H. Denny M. D.

Medical Attendant.

Undertaker, O'W Blizzard

Place of Business, 201 Pen av *Address* 198. Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23590

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

Date of Death, July 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Karl

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Steve dore

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 224 S. Bethel St.

Cause of Death, {First (Primary,) Acute Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb. 19th 78

{*Undertaker,* Mc. France

{*Place of Business,* 280 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb ~~Dec~~ 16th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Edward Keel

~~Sex,~~ *Male* ~~or Female,~~ { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 17 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower,~~ { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, { Give street and number. } 252 N. Front St

Cause of Death, { First (Primary.) Spasms

Second (Immediate,) Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb. 18th 1878

Undertaker, Jas. P. Byrne

Place of Business, Front St,-

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Grunmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23592,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Menge

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 54 *Years,* 9 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Glove maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 21. Twenty one years.

Place of Death, {Give street and number.} 746 East Lanvale Street.

Cause of Death, First (Primary,) Nephritis Parenchymatosa Chronica

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven (7) Month

All the above information should be furnished by the Physician.

Place of Burial, St Mathews C

Date of Burial, February 19 1878

Undertaker, Henry Koch

Place of Business, 169 Central Ave

Boehmer M.D.
Medical Attendant.

H. C. Koch & Bro

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23593.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Crowley

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Worker in Brass.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 176 Constitution St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 10 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 18th 1878

{*Undertaker,* Henry H. Mears

Place of Business, 45 N Gay St

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

Date of Death, Feb. 17th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty eight *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 84 S. Bonaldson Avenue

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, About six Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 19

Undertaker, Sch Leonard Pabst

Place of Business, 782 Baltimore St *Address* 306 N. Gayette Street

Chas. H. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 23595

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

Date of Death, Feb 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary J. Gardiner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 221 Montgomery St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Pneumonia

Duration of Last Sickness, about 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Lodge ground

Date of Burial,

Undertaker, [illegible]

Place of Business. [illegible]

J. Harvey Hill M. D.

Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attend...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23596,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Carter.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days.*

Color, dark brown *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Porter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Herring Bay Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number.} 21 Jordan alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, about 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18 1876

Undertaker, J. H. Chase

Place of Business, 192 S. Howard St

John Dicken M. D.
Medical Attendant.

Address 261 Indiana Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ananias Downing

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, One *Years,* 11 *Months,* *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lewis st No 58

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Dropsy

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18 1878

Undertaker, S W Chase

Place of Business, 198 S. Howard st

E C Ballentine M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

Date of Death, Febr. 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Louisa Mayer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 74 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and number.} 35 Orleans St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Gastro Enteric affection

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Har. Green Cemetery

Date of Burial, Feb. 19th - 3 P.M.

Undertaker, C. M. McClanahan & Sons

Place of Business, 220 W. Pratt St.

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 18 1878

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Eckhardt

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* — *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 2 yrs & 17 dys

Place of Death, {Give street and number.} 122 Hamburg St.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) 5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 19th

{*Undertaker,*

{*Place of Business,*

H. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Patterson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* — *Months,* 3 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 4 Brown's Alley

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)}

Duration of Last Sickness, 5 hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 18 1878

Undertaker, C. H. Blizzard

Place of Business, Penna Ave

Certificate filed 4 Feb 18 1878. M. D.

Medical Attendant.

Has been no Medical attendant. Diagnosis

Address

made on statement from the father —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2360 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Madeline Eigelbrenner

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Seven *Years,* Three *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 151 Mosher St.

Cause of Death, {First (Primary,) Cerebritis

{Second (Immediate,) Cerebritis.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 19th 1875

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 154 Penna Ave

A. C. Fox M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Palmer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary.) Congestion of Brain

Second (Immediate.) Coma

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Martin Brown M.D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23603,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie O. Brien

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Eutaw St.

Cause of Death, First (Primary,)

Second (Immediate,) Puerperal Peritonitis

Duration of Last Sickness, 12 years.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Ce

Date of Burial, Feb 19 1878

Undertaker. C. H. Blizzon

Place of Business, Penn Ave

Jno. Burke Boyle M. D.

Medical Attendant.

Address. Md Ave. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1878 BALTIMORE

Date of Death, February 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry B. Cabrey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Seven *Years,* Two *Months,* Nineteen *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No 2 S. High st.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 2. S. High st.

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Tuesday Feb 19 78

{*Undertaker,* Thos J Hughes
Place of Business, 60 E Bells

J. Clark Slay M. D.
Medical Attendant.

Address 52 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotta Hayward

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Mulatto *Sex,* ———

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 71 Monc al.

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} No. 71 Monc al.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Catarrh

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18th 1878

Undertaker, Wm H. Rinehart Jr

Place of Business, 94 Lombard

F. B. Garner M. D.
Medical Attendant.

Address 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

Date of Death, Feb. 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Bishop

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} No. 4 St Pauls al. City

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Consumption

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 18 1878

Undertaker, [illegible]

Place of Business, 97 Druid Hill Ave

W. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or singie) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Somerville

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Chamber Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} No. 12 Jasper St.

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 15th Feb. 1878

Undertaker, Wm H. Bishop

Place of Business, 97 Druid Hill Ave

J. Rich M. D.
Medical Attendant.

Address 31 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1878 BALTIMORE

Date of Death, Feb 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Bishops

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Sin

Occupation, Horse occupation Deputy U. S. Marshal

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick co Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} Browns Hotel 119 N Hight St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,) Do

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, Feb 19 – 1878

{*Undertaker,* G. B. Blackistone Son

{*Place of Business,* 606 Bate st

Richd Gaffington M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1010

Board of Health, City of Baltimore,

Permit No. 23609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Store keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 731 Dolphin St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) & Laustion

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. J. T. Knight M. D.

Date of Burial, Feb 20th 1878 Medical Attendant.

Undertaker, John J Andrews

Place of Business, 106 & 6 Durant Hall Avenue *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH FEB 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Woods

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 312 S Howard st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, Sixteen Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Feb 19th 1878

Undertaker, Hercules Ross

Place of Business, 110 W Lanvay st

Ellis Mickum M. D.
Medical Attendant.

Address No 66 Conway st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2361 / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT FEB 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sander

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Black~~ Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} N. Gorsuch's alley

Cause of Death, {First (Primary,) ——— Second (Immediate,) Pneumonia

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Wyoth St

Date of Burial, Feb 19 th 1878

Undertaker, Hercules Ruzz

Place of Business, No 95 Konna

Hercules Costa M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of

Board of Health, City of Baltimore.

Permit No. 23614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18, 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mich.l Graney

~~Sex~~ *Male or Female,* {Cross out the words not required in this line.}

Age, *Years,* 10 *Months,* 2 *Days*

Color, White

~~Married~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, 10 2/30 Mo

Place of Death, {Give street and number.} 74 Aisquith

Cause of Death, {First (Primary,)} Membranous Croup

{Second (Immediate,)}

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 21

Undertaker, [illegible]

Place of Business, [illegible]

W. W. Keen M.D.

Medical Attendant.

Address, 849 Park

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23613, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

Date of Death, Febuary 18th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Louisa Kilian

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 235 Jefferson St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Gastritis

Duration of Last Sickness, 28 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 19th 1877

Undertaker, Fitz Fay

Place of Business, 235 Aisquith St

J J Gross M. D.
Medical Attendant.

Address 132 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Johan Hasenes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 10 *Months,* — *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} 41 Canada Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Hemorrage of the Lungs.

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem. A. Schwartz M. D.

Date of Burial, Feb 19th Medical Attendant.

Undertaker, C. Goodrich

Place of Business, 241 Eastern Av Address Cor. Canton Ellicott Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 23615.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1878 BALTIMORE

Date of Death, Feb. 18th 1878

Full Name of Deceased, {Write legibly, and spell correctly. If an Infant not named, give names of parents.} George W. P. Brundige

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 507 Saratoga St

Cause of Death, {First (Primary,) Second (Immediate,)} Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 19 1878

Undertaker, H. Rodmeyer

Place of Business, 578½ Balto

J. W. C. Cady, M. D.
Medical Attendant.

Address 213 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23616.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

Date of Death, Feby 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Mussey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 2/ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 28 Orleans St

Duration of Residence in the City of Baltimore, 2 Mos 2/ days

Place of Death, {Give street and number.} 214 Mulligan

Cause of Death, {First (Primary,) (conjectural) Digestive apparatus rendered incapable of absorption from impure milk (the mothers breast having dried up,)) Second (Immediate,) and filthy local surroundings

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 19th 1878

Undertaker, Wm. N. Dunger

Place of Business, 62 East St

E G Waller M. D.
Medical Attendant.

Address 179 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

Date of Death, Feb 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Jones

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, *Years,* 9 *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestnut St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 65 Watson St.

Cause of Death, First (Primary,) Neglected Cold & Pneumonia

Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, About 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20th 1878

{*Undertaker,* Wm H. Burger

Place of Business, 62 East St

A. F. Lowe *M. D.*

Medical Attendant.

Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23118,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18 February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the ~~City of Baltimore~~, House 10 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Spasm

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, ~~Feby~~ 20. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St.

Martin Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23619,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... FEB 19 1878 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} .....

Sex, Male or Female, {Cross out the words not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, ...

Married, ~~*Single*~~, *Widow or Widower,* {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, {First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabel E Seymour

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Four (34) *Years,* Eight (8) *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, 5 Y.

Place of Death, {Give street and number.} No 104 Scott St.

Cause of Death, First (Primary,) —
Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 18 78

Jno. F Buckler M. D.
Medical Attendant.

Undertaker, S. M. Leonard

Place of Business, 21 W. Baltimore *Address* 140 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 23621, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Estelle Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, School Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of Louisiana

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 444 E. Fayette st.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) "

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feb. 20th

Undertaker, Fry & Bro

Place of Business, SW Cor Fayette & Bw ay

E. P. Sims *M. D.*
Medical Attendant.

Address 406 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Kirsch

Sex, Male or Female, {Cross out the words not required in this line.} Male.

Age, Three (3) *Years,* Three (3) *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 284 North Bond Street

Cause of Death, First (Primary,) Scarlatina & Hydrocephalus

Second (Immediate,) Uremia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 21 1878

Undertaker, Geo. Koch

Place of Business, 50 Central Ave

H. Ellis M.D.
Medical Attendant.

Address, Cor Bayard & Caroline Sts

FEB DEPARTMENT 19 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Lizzie Loeder

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* 5 *Months,* 23 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 5 mos. 23 days

Place of Death, { Give street and number. } 184 Madison Ave.

Cause of Death, { First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem'y W. E. Moseley M. D.

Medical Attendant.

Date of Burial, Feb 20th

Undertaker, P. Kimmel

Place of Business, 311 Mulberry St. *Address* 234 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 23621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Mentzel

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* 16 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} 619 N Gay st

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th /78

Undertaker, Geo Shilling

Place of Business, N.W. cor Aisquith & Monument st

Wm. L. Russell *M. D.*

Medical Attendant.

Address, 1 Broadway

Medicine

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

Date of Death, February 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wickhaus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62. *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 26. Years

Place of Death, {Give street and number.} 371 Pleasant Avenue

Cause of Death, {First (Primary,) Second (Immediate,)} Asthma

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral *by* Thos. Corbett M. D.

Date of Burial, Feb 20 th 1878 Medical Attendant.

Undertaker, Julius Koehler *Address* 116. Hanover

Place of Business, Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Unknown~~, found Feb 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Unknown~~ Michael McHale

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ~~Unknown~~ 45 51 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} ~~Unknown~~ Married

Occupation, ~~Unknown~~ Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~Unknown~~ Ireland

Duration of Residence in the City of Baltimore, ~~Unknown~~ 30 years

Place of Death, {Give street and number.} Basin at Locust Point Residence 47 Patapsco st Canton st. ~~Unknown~~

Cause of Death, {First (Primary,) / Second (Immediate,)} Drowned

Duration of Last Sickness, Supposed Short

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, February 18th 1878

{*Undertaker,* H. H. Gehmeyer / *Place of Business,* 341 Canton ave.}

M. G. Lee M.D.

Medical ~~Attendant~~ Coroner

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... this Certificate.

Board of Health, City of Baltimore.

Permit No. 23627

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stewart

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 1 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} o Durham St

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number.} 850 Durham

Cause of Death, {First (Primary,) Premature Birth / Second (Immediate,)}

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 19th 1878

Undertaker, The[o] Fooks

Place of Business, Jefferson

E Geo Walls M.D.
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2362 8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A. Gaines

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 270 Montgomery st.

Cause of Death, First (Primary,) P. Phthisis Pulmonalis

Second (Immediate,) About 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19 1878

Undertaker, J. H. Chase

Place of Business, 448 Bond [illegible] St

R. M. Stacc M. D.
Medical Attendant.

Address 462 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 20 1878 BALTIMORE

Date of Death, February 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Brady Lewis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 5 *Days.*

Color, White ~~Sex.~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 6 N. (2nd) Street St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial, Feb 21st 1878

Undertaker, John C. Andrews

Place of Business, No 4 x 6 Druid Hill Avenue

Jos. E. Sears, M. D.
Medical Attendant.

Address 7 [illegible] St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Forsyth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Seventy Five *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} No. 92 North Amm St.

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Feb 21st 1878

Undertaker, John L Andrews

Place of Business, 406 Druid ave

Wm H Clendinen M.D.
Medical Attendant.

Address No 102 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Sisco

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 382. Hamburg st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feby 21st 10½ AM

Undertaker, Thos S Hughes

Place of Business, 166 E Balto

E. L. Buddenbaum M.D.
Medical Attendant.

Address, 166 S. Exeter st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878

CERTIFICATE OF DEATH.

Date of Death, Feb 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Rusk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 Hamilton St

Cause of Death, First (Primary,) Infantile Pneumonia

Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 20th 1878

Undertaker, Armstrong & Denny

Place of Business, # 263 Light St

H B Noble M. D.
Medical Attendant.

Address 17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23633,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank M. [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 46 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 45 Hanover

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) 2 years

Duration of last Sickness, 2 years

U.S.H. SMITH FEB 19 1878 BALTIMORE, MD.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Feb 20, 1878

_____ *M. D.*
Medical Attendant.

Undertaker, Armstrong & Devine

Place of Business, # 26 Light St *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, the 18th February 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles N. Chandler,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 4 *Months,* 22 *Days.*

Color, White, *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clergyman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Granville, Washington County, N.Y.

Duration of Residence in the City of Baltimore, Seven years.

Place of Death, {Give street and number.} 369, Lanvale Street, Baltimore, Md.

Cause of Death, First (Primary,) Mitral insufficiency, Hypertrophy,

Second (Immediate.) " " " "

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Poughkeepsie N.Y. Harvey L. Byrd M. D.
Medical Attendant.

Date of Burial,

Undertaker, Hyatt Jenkins & Son

Place of Business, 16 Light St. *Address* 139 N. Arlington Av, Baltimore Md,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Garrett Coll

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 19th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Abigail Whaley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, white.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 319 Eastern Ave.

Cause of Death, First (Primary,)

Second (Immediate,) Bronchitis

Duration of Last Sickness, Thirty Days

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Feby. 22. 1878

Undertaker, M. A. Daiju

Place of Business, 74 S. Broadway

Aug. F. Erich M. D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 3/4 P.M. Feb. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hunt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None Retired

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Alexandria Va.

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 363 E. Pratt Street

Cause of Death, {First (Primary.) Phthisis Pulmonalis / Second (Immediate.)

Duration of Last Sickness, Many years - 1 Month confined to bed.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 21. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

James E Donnelly M.D.
Medical Attendant.

Address 299 E. Balto. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February the 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Vincent Ford.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 124 Bank St.

Cause of Death, First (Primary,) Teething.

Second (Immediate,) Paralysis.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Feby. 20th 1878.

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway.

J. M. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 19: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Hammon

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ____ *Years,* Eight *Months,* ____ *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child.

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Eden Street No. 167.

Duration of Residence in the City of Baltimore, 5 months.

Place of Death, {Give street and number.} 167 Eden Street.

Cause of Death, First (Primary,) ____

Second (Immediate,) Consumption.

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Fleet Street Burial.

Date of Burial, Feb 20

Ernst Heuel M. D.
Medical Attendant.

Undertaker, Jno H. Hackmann

Place of Business, 26 Bank St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention ... This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H Simpkins

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 21 *Years,* 5 *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Colored

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Columbia S. C. 2 yrs & 6 mos

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 622 N Eutaw St

Cause of Death, {First (Primary,) Pulmonary Tuberculosis / Second (Immediate,) Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Columbia S. C

Date of Burial, Feby 20/78

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

W. McLaughlin M. D.
Medical Attendant.

Address, 111 W Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Issued 1012

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Jenkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, colored

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 93 Lee St. A. Hm & Dmms Hm

Cause of Death, {First (Primary,) General debility - Chronic

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ashbury Cemetery

Date of Burial, Feb 22. 1878

Undertaker, S. W. Gibson

Place of Business, 157 Edmondson Av

R. Dorsey Hall M.D.
Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Alfred Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} No 2, Carlton St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, West Ferndale

Date of Burial, Feb 21 1878

Undertaker, W Whitacre

Place of Business, 69 Church St

James Bosley M. D.
Medical Attendant.

Address Cor: Hollins & Mount Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1898.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maria Hodges

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Laundress.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md'

Duration of Residence in the City of Baltimore, Entire life-time

Place of Death, {Give street and number.} 213 Chesnut St

Cause of Death, First (Primary,) General Debility & Cachexy.

Second (Immediate,) Anemia

Duration of Last Sickness, about 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery D W Cathell M. D.

Date of Burial, Feb 20 th 1898 Medical Attendant.

Undertaker, Wm N. Dunger

Place of Business, No 62 East St *Address* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...s certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23643,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty Six *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Michaels Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 104 South Bethel St.

Cause of Death, {First (Primary,) Epilepsy —
Second (Immediate,)}

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 22 1898

Undertaker, The J Socks

Place of Business, 36 Jefferson

D C Ireland M. D.
Medical Attendant.

Address Corner Ensor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Rice

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and number.} 119 N Dallas st

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, February the 20

{*Undertaker,* William N Dungee

Place of Business, 62 East St

Wm. E. Russell M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Boston

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House work

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} 171 Sarah Ann St

Cause of Death, First (Primary,) Chronic Pelvic Cellulitis & Ovaritis

Second (Immediate,) Inanition

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, February the 20 1878

Undertaker, William N Dungee

Place of Business, 10 Stockton Alley

W M Hopkins M.D.
Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A. Haynes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White – *Sex,* ———

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 397 N. Central Av.

Cause of Death, First (Primary,) Phthisis pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 21 " 1878

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Jas H. Lowe

Place of Business, 598 N Balto St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richd. McFarland.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bank Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number.} E. Balte st. 268.

Cause of Death, First (Primary,) —

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Elkton Cecil Co Md

Date of Burial, February 22nd 1878

James. I. Cockrill M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65, S. Broadway *Address* 23 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Granit 1013,

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23648,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 20 A.M. Wednesday Feb 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Dilley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co. Pa.

Duration of Residence in the City of Baltimore, Since Jan 1. 50 Years

Place of Death, {Give street and number.} 126 Constitution St.

Cause of Death, First (Primary,) Disease of Brain with Cerebral Congestion,

Second (Immediate,) Asthenia

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Union B.G. Balto Co

Date of Burial, Feb 21st 1878

Undertaker, John J Rodenmayer

Place of Business, 21 Monument St

Wilmer Potter M. D.

Medical Attendant.

Address 25 E. Monument St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23649.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
FEB 21
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 40 P. M. Feb. 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Elliott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 90 N. Ann Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Five Years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 22 /78

{*Undertaker,* Fry & Lee

Place of Business, 472 Broadway

James E. Iwinville M. D.
Medical Attendant.

Address 299 E. Balto. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23650

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 23650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burr

Sex, Male ~~or Female~~, {cross out the word not required in this line.} ~

Age, ~ *Years,* ~ *Months,* 11 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} T. Forest Street

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} T. Forest St.

Cause of Death, {First, (Primary,) Meningitis

Second, (Immediate,) Sinks Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 22 78

Undertaker, A P Paulus

Place of Business, 66 Fradrick Av

W. W. McKnew *M. D.*
Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily L. Upshaw

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* 6 *Months,* 0 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widowed~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton county Va

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 60 Courtland Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, All - Six years

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Feb 22nd 1878

H. O. Wilson M. D.
Medical Attendant.

Undertaker, John J. Andrews

Place of Business, No 616 Druid Hill Avenue *Address* No: 146 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1014

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

Date of Death, February 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Father~~ Frank Witt & Julia Witt Parents

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 hour *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 538 Balto Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 538 Balto street

Cause of Death, {First (Primary,) Not known died one hour after birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, Feb. 21 1878

Undertaker, Frank Witt

Place of Business, 538 Balto St

A Darling M. D.
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23653,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Williams

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, Mulatto

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 69 Tasker St.

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Cardiac trouble.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, February 21 1878

Undertaker. William N Dunger

Place of Business. 62 East St

Wm Whitridge M.D.
Medical Attendant.

Address, 181 Charles St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* 3 *Months,* 12 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coachmen

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 69 Oxford N

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Hemmorrhage

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21 1878

J. Gilmans M. D.
Medical Attendant.

Undertaker, Solon L. Gordon

Place of Business, 1015 Park Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 78.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ch Maria Fink,

Sex, ~~*Male or*~~ *Female,* { Cross out the words not required in this line. }

Age, 38 *Years,* 8 *Months,* 11 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City, all her life.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 335 S. Eutaw St.,

Cause of Death, { First (Primary,) } Consumption Peritonitis.

{ Second (Immediate,) }

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, 22d Feb.

Undertaker, P. Kennedy

Place of Business, 311 Pratt St.

Wm. J. G. Mayer M.D.
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23656.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 21 1878 BALTIMORE

Date of Death, Feb. 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Tucker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 25 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 209 Mulberry St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, Balto - Cemetery

Date of Burial, Feb - 22nd 1878

Undertaker, John B. Blackiston & Son

Place of Business, 606 W. Balto St

H. H. Weber *M. D.*

Medical Attendant.

Address 320 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar H Marriott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 23 Months, One (1) Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, S. 13.

Place of Death, {Give street and number.} 116. Parkin St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetery Jno. D. Blake M. D.

Date of Burial, Feb 21 Medical Attendant.

Undertaker, J. Block

Place of Business, 117 W Pratt Baltimore Address 114 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aligena Walker (Mother)

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ~~Years,~~ 3 Months ~~Days~~

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} [illegible]

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} [illegible]

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 29th 1878

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] *M. D.*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

Date of Death, Feb 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie L. Monroe

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 2 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 2 mos 1 days

Place of Death, {Give street and number.} 162 Bolton av

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Feb 23 1878

{*Undertaker,* Saml Wood

Place of Business, 125 East Pratt

[illegible], M.D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23660

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23660.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casper Strotmayer

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany Bavaria

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 426 E Fayette St

Cause of Death, First, (Primary,) Cut wound

Second, (Immediate,) Traumatic tetanus

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 22d 1878

Undertaker, Vendetti Dispute

Place of Business, 151 S. Broadst

M D Ahern M. D.
Medical Attendant.

Address, 8 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23661

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled* , to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Neubeck

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 22 *Years,* 8 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 379 E. Lombard st

Cause of Death, First (Primary,) Peritonitis puerperal

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Feb. 21

Undertaker, Wendelin Diffel

Place of Business, S. Bond st. 151

P. J. Dausch M.D.

Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP'T BALTIMORE FEB 22 1878

CERTIFICATE OF DEATH.

Date of Death, Feb 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugenia M. Gomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt'

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 254 Lexington St.

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet J. T. Knight M. D.

Date of Burial, Feb 22 1878 Medical Attendant.

{*Undertaker,* C. W. Blizzard

{*Place of Business,* 20 Pen Ave *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 23663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hill

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 68 Pleasant

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22nd 1878

Undertaker, Wm H Bayliss

Place of Business, 97 Druid Hill Ave

M M Smith M.D.
Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 20 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Brown

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Fifty four *Years,* *Months,* *Days*

Color, South

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, South

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, About Three years

Place of Death, {Give street and number.} 148 Cathedral St

Cause of Death, {First (Primary,) Pulmonary / Second (Immediate,) Consumption

Duration of Last Sickness, About Three years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22nd

Undertaker, Wm H Baker

Place of Business, 97 Druid Hill Ave

D L Rau M.D.
Medical Attendant.

Address, 97 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caspar Wm. Haile

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 47 *Years,* *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Tax Collector

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Lancaster Co Pa

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 138 Harrison St.

Cause of Death, { First (Primary,) } Heart Disease

{ Second (Immediate,) } 4 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Kennybrin

Date of Burial, Feb 22nd 1878

Undertaker, Jno B Blackiston & Son

Place of Business, 606 N Balto St

R ... M.D.

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Burial Permit No 1015

...Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Siebrecht

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 39 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tinner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hanover (Germany)

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number.} 476. N. Jay.

Cause of Death, {First (Primary,) Cachexia — a Lipso'

Second (Immediate,) As Thenia.

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 24 Feb

Undertaker, Adam Fink

Place of Business, 461 North Gay St

W. J. O'Reilly M.D.
Medical Attendant.

Address, 235. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 1878 BALTIMORE

Date of Death, February 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Hannah A. Montague

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 8 *Months,* 11 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower? {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 86 E Howard St

Cause of Death, First (Primary,)

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va

Date of Burial, Feb 26th 1878

J C Harris M. D.
Medical Attendant.

Undertaker, John Jetmundt

Place of Business, 104 & 106 Druid Hill Ave Address 1130 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 1878 BALTIMORE, MD.

Date of Death, Feb. 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. Foster.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 327 Marshall St,

Duration of Residence in the City of Baltimore, All time

Place of Death, {Give street and number.} 327 Marshall St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, King Wm Co Va

Date of Burial, 23 February.

Undertaker, Mayfield & Rahn

Place of Business, 327 Marshall st.

A. H. Smith M. D.
Medical Attendant.

Address 20 S Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 1017

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 1878 BALTIMORE

Date of Death, Feb 21 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Eccles

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* / *Months,* *Days.*

Color, Br

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 256 S. Charles

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Peter's Cem

Date of Burial, Feb 22nd 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,*

D. Deluse *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 22 1878

Date of Death, 21 Feby 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Latane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 418 So Paca St —

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 Ds,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, February 22nd

Undertaker, Chas F. Scriven

Place of Business, 215 Eutaw

S. M. Dodge M. D.
Medical Attendant.

Address "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 23671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Wallace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 10 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 65 Watson St Balto Md

Duration of Residence in the City of Baltimore, 16 days 2

Place of Death, {Give street and number.} 65 Watson St

Cause of Death, First (Primary,) Catarrh

Second (Immediate,)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22.

Undertaker, [redacted]han, Hayes

Place of Business, 30 Saratoga

Chas. [illegible] Bd of Health

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 22 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 21st 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Northcutt A Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 515 S Broadway

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Febry 23rd 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Address 65 S Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward E. Sickler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 340 E Balto St

Cause of Death, First (Primary,) Scrofula Consumption Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, abt 14 days

All the above information should be furnished by the Physician.

Place of Burial, Government Cemetery E. S. Emerson *M. D.*

Date of Burial, Feb 23/78 Medical Attendant.

Undertaker, Fry & Son *Address* 73 E Balt St

Place of Business, B. R. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH FEB 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feburay 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E. Blake

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ~~Years,~~ 6 Months, 17 Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimor City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 7 Jackson Place

Cause of Death, {First (Primary,) Meningites.

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb. 22, 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Thomas J. Evans M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE DEC 1878

CERTIFICATE OF DEATH.

Date of Death, February 21st 1878,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa A. G. Taylor.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 244 Argyle Av

Cause of Death, First (Primary,) Indigestion.

Second (Immediate,) "

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Feb 23d 1878

Undertaker, Henry W Mears

Place of Business, 45 N Gay St

John S Pennington M. D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Gertrath Weigard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, fifteen *Years,* 11 *Months,* 17 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} Beach Alley No 25.

Cause of Death, First (Primary,) Vomitus bilious

Second (Immediate,) Hepatitis acuta

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 23rd 1878

Undertaker, Andrew Leutz

Place of Business, 118 Druid Hill Ave *Address*

J. Adolph Boehm, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elvira L Hipkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 185 Bank St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Chronic Tuberculosis

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 23d 1878

Undertaker, Wm Thatcher

Place of Business, No 150 Eastern Av

J A Kenny M. D.
Medical Attendant.

Address 216 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Strauss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 Y

Place of Death, {Give street and number.} No. 202 E. Lee St.

Cause of Death, {First (Primary,) Cerebral Congestion

Second (Immediate,) Paralysis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb 24 th '78

Undertaker, Michael Franc

Place of Business, No. 280 Canton Ave *Address*

Samuel Strauss *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention ... this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 23 1878

Date of Death, Feb 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph L Dishman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Typhoid Pneumonia / Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, E Balt Cemetery

Date of Burial, Feb 21 /

{*Undertaker,* Charles Stuper / *Place of Business,* Pratt Hohester Sts

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special Attention of ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23680,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Wisely

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ——— *Years,* Four *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 869 W. Baltimore st

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) ———

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew-Cem.

Date of Burial, Feb. 24th

Undertaker, Blackistone & Son

Place of Business, 606 W. Balto. st

J. G. Smithcum M.D.
Medical Attendant.

Address, 584 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Laurence

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 17 *Years,* Ocl. *Months,* *Days.*

Color, *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During her life

Place of Death, {Give street and number.} 11 Ryan St.

Cause of Death, {First. (Primary.) Organic heart disease

Second (Immediate.)

Duration of Last Sickness, About One Month

All the above information should be furnished by the Physician.

Place of Burial, Green St Methodist

Date of Burial, Feb 24, 79

Undertaker, S. M. Shue

Place of Business, 193 Lombard St

H. M. Wilson M. D.

257 Mad Ave

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23682, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 Fessier St.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22 1878

Undertaker, Samuel Wilson

Place of Business, 141 Fessier St

J. Zepp M. D.
Medical Attendant.

Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23683,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

Date of Death, February 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Kramer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line,}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 214 S Sharp Street

Cause of Death, {First (Primary,) Tuberculer Meningetis / Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 23 1878

Undertaker, J. W. Shore

Place of Business, 1913 Howard St

Henry Darling M. D.
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas G Thorpe

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 38 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 1410 E. Madison St

Cause of Death, {First (Primary,) Phthisis Pulmonum

Second (Immediate,)

Duration of Last Sickness, four months

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 25th

Undertaker, Geo Schilling

Place of Business, Ash Candle yard

A Aronsohn M. D.
Medical Attendant.

Address 254 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23685.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George R. Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 524 Mulberry st

Cause of Death, First (Primary,) consumption

Second (Immediate.)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 23rd 1875 (2.P.M.)

G. Gilbane M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 521 W. Fayette st 45 S. Broadway *Address* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23186,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1978 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 21/78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nehemiah Altman.

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} Male

Age, 65 *Years,* 8 *Months,* *Days*

Color, White,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Clergyman,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany,

Duration of Residence in the City of Baltimore, Eight years, (since last return to U.S.)

Place of Death, {Give street and number.} 145 Scott St,

Cause of Death, First (Primary,) General Prostration of Nervous System

Second (Immediate,) Typhoid Fever,

Duration of Last Sickness, Confined to bed twenty three days. Not well since Nov. 29th last.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 25/78

Undertaker, R. J. Emmerson

Place of Business, 192 S. Howard

H. R. Fetterhoff M. D.
Medical Attendant.

Address, 77 George St,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Rapold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Saxon Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 3 ch. Dallas

Cause of Death, First (Primary,) ... Cholera Morbus

Second (Immediate,)

Duration of Last Sickness, 6 days. saw first twice and then was Collapsed

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, 24 Feby

Undertaker, George E Fosbe

Place of Business, No 399 E Eager st

James E Donnelly M. D.
Medical Attendant.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23688,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A Mason

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 59 *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 340 Saratoga st

Cause of Death, {First (Primary,) ..... Second (Immediate,) Heart Disease

Duration of Last Sickness, Sudden death.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 25 1878

Undertaker, C W Blizzard

Place of Business, 201 Penn ave

Geo C Gleason M.D.
Medical Attendant.

Address, 340 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23189.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 76 Luzerne Alley

Cause of Death, First (Primary,) Cholera Infantum & Pneumonia

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, N. Hamilton Cem.

Date of Burial, Feb 23 78

Undertaker, H. Frano

Place of Business, 280 Canton Ave

Address [illegible]

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23690.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

Date of Death, February 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas J. Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty eight *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tavern Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland,

Duration of Residence in the City of Baltimore, Thirty Eight years

Place of Death, {Give street and number.} 51 Thames St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Feb 23 1878

Undertaker, G. C. Rodeminey

Place of Business, Ensor St.

Nicholas L. Dallam M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23691

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olena Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 Josephine st

Cause of Death, {First (Primary,) Not known. Second (Immediate,)

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician

Place of Burial, [illegible]

Date of Burial, Feb 25. 1878

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

H Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23692

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James K. Byrne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 183 S. Chester Street

Cause of Death, First (Primary,) Abscess

Second (Immediate,) Pyaemia

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 23d 1878

Undertaker, James D Byrne

Place of Business, N° 63 N Frent St

James D. McShane M. D.
Medical Attendant.

Address 685 S. Broadway

S. S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23693,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Michel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} N. E. Cor. Register & Alice anna St.

Cause of Death, First (Primary,) Internal Convulsions

Second (Immediate,)

Duration of Last Sickness, Several Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, February 24th 1878

John H. Rehburger M.D.

Medical Attendant.

Undertaker, H. H. Gilmeyer

Place of Business, 241 Canton Ave,

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Greene

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 384 Lexington St

Cause of Death, {First (Primary,) Dis Nervous / Second (Immediate,)}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, Feb 24th " 1878

Undertaker, John B. Blackistone & son

Place of Business, No 606 W. Baltimore St

T. J. Knight M. D.
Medical Attendant.

Address "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1878 BALTIMORE

Date of Death, Feby 22 d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kaiser.

Sex, ~~Male or Female~~ {Cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 3 Wells St.

Cause of Death, {First (Primary,) ____ Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, A. Stones. [illegible] County

Date of Burial, Feb. 24th

Undertaker, B. Hall

Place of Business, [illegible] Light St.

R. J. N. Tall M.D.
Medical Attendant.

Address 152, Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Walters.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days.*

Color, Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 41 Stockton Alley

Cause of Death, First (Primary,) Consumption.

Second (Immediate,) "

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Stranger's Cemetery

Date of Burial, Feb. 24 1878

Undertaker, J Wilson

Place of Business, 191 S. Howard st

Jno D Pennington, M.D.
Medical Attendant.

Address 98 N Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 23697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1878 BALTIMORE

Date of Death, Feb 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Ayers

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 43 *Years,* 2 *Months,* 4 *Days.*

Color, Colored *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Maryland~~ Balto.

Duration of Residence in the City of Baltimore, 8

Place of Death, {Give street and number.} 45 Lexington Street

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill,

Date of Burial, Feb. 24. 1878

Undertaker, J. H. Shaw

Place of Business, 65 S. Howard St

Frank W. Gamon M. D.

Medical Attendant.

Address 57 N Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE FEB 24 1878

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James S. Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Four (4) *Months,* ——— *Days.*

Color, Mulatto *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, 5, 12.

Place of Death, {Give street and number.} 33. Stockholm St

Cause of Death, First (Primary,) Intra cranial Hemorrhage

Second (Immediate,) Convulsions

Duration of Last Sickness, ——— 5, 12.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 24 1878

Undertaker, S. M. Glass

Place of Business, 69 S. Howard St *Address* 112 North St

Jno. S. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1878 BALTIMORE

Date of Death, Feb 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate S. Hines

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, [illegible] *Years,* 4 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 209 N Bethel

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Feb 24th 1878

Undertaker, H. Hoelzel

Place of Business, 246 Eastern Ave

J. L. Hilton M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Celia Johnson

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 25 *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Servant

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 176 Canton Ave,

Cause of Death, { First (Primary,) Accidentally, / Second (Immediate,) Killed

Duration of Last Sickness, Instant

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemty

Date of Burial, Feb 25th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Ave

H G [illegible] M.D.

Medical Attendant.

Address. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23, 1878;

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James P. Stews,

~~Sex,~~ *Male or Female,* {Cross out the word not required in this line.}

Age, 33 d, *Years,* *Months,* *Days.*

Color, White, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married,

Occupation, Tailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Hampshire,

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} 196 Saratoga St.

Cause of Death, First (Primary,) Cerebral congestion,

Second (Immediate,) Effusion int brain. Apoplexy.

Duration of Last Sickness, a few minutes,

All the above information should be furnished by the Physician.

Place of Burial, Shrewsberry Pa. W. P. Morgan M. D.

Medical Attendant.

Date of Burial, February 25th 1878

Undertaker, Stewart & Bowen

Place of Business, 35 Park av *Address* 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Jackson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 301 West St.

Cause of Death {First, (Primary,) Cerebro Spinal Meningitis
Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 24th

Undertaker, Reed & Boss

Place of Business, 26 Centre St

A. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Deekhoff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53. *Years,* — *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23. years

Place of Death, {Give street and number.} 132 South St

Cause of Death, First (Primary,) Inflamation Fever

Second (Immediate,)

Duration of Last Sickness, Most 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery Physician *M. D.*

Date of Burial, Feb 25th 1878 Medical Attendant.

Undertaker, Thos Shactur

Place of Business, No 150 Camden *Address* 185 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate [illegible], as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Clayton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore. Whole Life.

Place of Death, {Give street and number.} No 53 Canton St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, Feb 25th 1878

Undertaker, John S. Macker

Place of Business, 150 Saunders St

Rob't A. Gunn M. D.
Medical Attendant.

Address No 163 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and color, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1878, 4 15 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gisela Gaunt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 35 Dougl St

Cause of Death, {First (Primary,) Diphtheritis
Second (Immediate,)}

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park. Cem.

Date of Burial, Feburary 25/78

Undertaker, Chas. Roesing

Place of Business, 136 E. Baltimore St.

A Gregdherzer M. D.
Medical Attendant.

Address 11 S Hyde St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d. Feby.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harvey Swain

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 S. Bond n

Cause of Death, {First (Primary.) Dysthenia. Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetry

Date of Burial, Feby 25th 1878

Undertaker, Heughes & Co

Place of Business, 658 Broadway

John F. Monmonier M.D.
Medical Attendant.

Address S. W. Colvin & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Norris

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days*

Color, white

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number.} 194 S. Ann St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Albuminuria

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 25th 1878

Undertaker. Hughes & Co

Place of Business, 655 Broadway

Medical Attendant. R. D. Mansfield M. D.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION [redacted] And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Law of Burials on back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ria Wissig

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Twenty nine *Years,* Eleven *Months,* Twenty six *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hartford Connecticut.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} # 869 N. Baltimore St.

Cause of Death, {First (Primary,) Phthesis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Prot. Schlon Cemty

Date of Burial, Feb - 25th 1878

Undertaker, John B. Blackiston & Bro

Place of Business, No 606 W. Balto St

J. G. Linthicum M.D.
Medical Attendant.

Address, # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} George Mahlhausen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 91 Johnson St

Cause of Death, {First (Primary.) Congestion Lungs / Second (Immediate.) Convulsions}

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemitery

Date of Burial, Feb 24th 1878

Undertaker, John S. Mathews

Place of Business, 150 Camden St

A. M. Dodge M.D.

Medical Attendant.

Address 201 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Shields alley

Cause of Death, {First (Primary,) Dentition

{Second (Immediate,) Infantile convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feby 25th 1878

Undertaker, Wm Jones Gray

Place of Business, 65 Bunker St

W. H. Thompson M. D.
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fran Preston Hanna

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} #203 Saratoga Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 7 Days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 25th 1878

Undertaker, Hughes & Co

Place of Business, 550 Fayette St. *Address* 1 Waverly Terrace

Geo H Digelia M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2371/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 25 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda. M. Grubb.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 63 *Years,* 6. *Months,* 29. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 496. W. Lexington St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetary

Date of Burial, Feb 26th 1878

Undertaker, Thos Shot & Co

Place of Business, 550 Fayette St

A H Carter M. D.
Medical Attendant.

Address 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2371 3,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Gouss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* 19 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cutaher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, whole Lifetime

Place of Death, {Give street and number.} 56 Jefferson st.

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate) Dropsy (Cachexia)

Duration of Last Sickness, Two Third years

All the above information should be furnished by the Physician.

Place of Burial Lauriden Park Cem'y J. Adolph Bohm, M. D.

Date of Burial, Febr 25th 1878 Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 8 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 2 Amel- Court

Cause of Death, {First (Primary,) Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, February the 25th 1878

Chas. H. Jeff M. D.
Medical Attendant.

{*Undertaker,* William M Dungee
{*Place of Business,* 10 Stockton Alley

Address 306 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23715.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah C Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chestertown Jefferson Co Va

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 215 E Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Cheltenham Jefferson Co Va

Date of Burial, Feby 25 78

H E Hooks M. D.
Medical Attendant.

Undertaker, Stewart & Han *Address* 241 E. Balto St

Place of Business, 35 Parker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Masuria Godfrod

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, 37 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} # 3. Bell Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Hydroid Fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Feb 25th 1878

Undertaker, W. H. Dunger

Place of Business, East St

James H Chunk M.D.
~~Medical Attendant.~~

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Information by Mr Dunger

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2377.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Pleasants Byrd.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* 2 *Months,* 5 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clark Co Va.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} No 246 N. Eutaw

Cause of Death, First (Primary,) Bilious Remittent Fever.

Second (Immediate,) Granulation

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Clarke County Va

Date of Burial, February 24th 1878

E Cleveland Coxe M. D.
Medical Attendant.

Undertaker, John Andrews

Place of Business, 224 Druid Hill Ave

Address No 221 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

Date of Death, February 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Eichelberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 18 hours ~~Days.~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} 93 N Fremont st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 93 N Fremont st

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)}

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 25th 1878

A Darling *M. D.*
Medical Attendant.

{*Undertaker,* P. Kennedy
Place of Business, Fulton} Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTER OF VITAL STATISTICS.

Permit No. 23719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Tilghman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, Twenty Nine *Years,* five *Months,* one *Days*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Maryland.

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 73 St Paul Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Queenstown Queens Anns Co. Md

Date of Burial, Feby 26th 1878

Undertaker, John S. Weaver

Place of Business, #22 W. Fayette St

Morris Murray M. D.
Medical Attendant.

Address 91 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

(Transit 1019)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Kauffman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 5 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} dont Know

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Paralytic

{Second (Immediate,)

Duration of Last Sickness, 1/2 Day

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, Feb 25

Undertaker, Charles Draper

Place of Business, Pratt & Chester Sts

Jno. Brooke Byrd M. D.
Medical Attendant.

Address 166 Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 24th 78, 1 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilda A. Michelman

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* 8 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 20 Park St

Cause of Death, {First (Primary,) ... Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 2 1/2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetary

Date of Burial, Feby. 27th 1878

{*Undertaker,* Joseph P. Bond

Place of Business, 107 E Baltimore St

A. Ellerbrandt, *M. D.*
Medical Attendant.

Address 11 S High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Coleman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~Twenty Seven~~ *Years,* Two (2) *Months,* (6) Six *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 29 Stockholm St

Cause of Death, First (Primary,) Phthisis. Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, 1½ year

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co. Md

Date of Burial, Feb 25th 1878

Jas D Blake M. D.
Medical Attendant.

Undertaker, S. Smithsonian

Place of Business, A. A. Co Md *Address* 120 Saint St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23723.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb: 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irvin Ettinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (And how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Hopkins St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Febr 25th 1878

Undertaker, Wm Elau

Place of Business, 101 Gough St

H. McCatty M. D.
Medical Attendant.

Address 121 W. Lexington St

FEB 25 1878 HEALTH DEPT. BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23724

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1878

CERTIFICATE OF DEATH.

Date of Death, Thursday February 21st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Clemens

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Thirty seven *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Porter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give street and number } 220 Hanover st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, Eleven Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 25 1878

Undertaker, Wm H Beasley

Place of Business, 97 Druid Hill Ave

Edmund Hall M. D.
Medical Attendant.

Address, Southern Dispensary
245 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Krueger.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 4 *Months,* 3 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 41 Gay Street

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm F. Tyler **M. D.**

Date of Burial, Feb 27th 1878 Medical Attendant.

Undertaker, Hy W. Mears

Place of Business, 45 N Gay St *Address* 81 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Schmitt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 4 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pommerie (Germany)

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 81 Lookout St (Locust Point)

Cause of Death, First (Primary,) Phthisis pulmonaris

Second (Immediate,) Dropsy

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Feb 25th 1878

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

A. Ahlers M.D.
Medical Attendant.

Address 95 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...position of Deposits is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edmond Brown

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 1 *Years,* — 7 — *Months,* — 17 — *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 67. Chester St

Cause of Death, {First (Primary,) / Second (Immediate,)} (Tubercular) Meningitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 25, 1878

Undertaker, H. A. Dager

Place of Business, 94 S. Broadway

Thomas J. Evans M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23728,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Storey

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* 9 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 288 East Pratt St.

Cause of Death, First (Primary,) Onanction

Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Feby. 25, 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23729

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February Twenty Third 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann Townsend

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Eleven Ct 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Virginia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} No. 468 ~~Fremont~~ Fulton St

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, Tues. 26, Feb.

J. O. Harrington M. D.
Medical Attendant.

Undertaker, Mr Denny.

Place of Business, ~~263 Light~~

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Monaria Borze

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 22 *Years,* 22 9 *Months,* *Days.*

Color, Colored *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, { First (Primary,) .....
Second (Immediate,) Pleurisy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Druid St Cemetery

Date of Burial, Feb 26 1878

M. D.
Medical Attendant.

{ *Undertaker,* .....
Place of Business, ... *Address* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

Date of Death, Feby. 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Garrity.

Sex, Male or Female. {Cross out the words not required in this line.} Female

Age, Thirty four Years, — Months, — Days

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 192. South Caste. St.

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Lane

Date of Burial, Feb 26th 1878

Undertaker.

Place of Business, 217 E. Lombard St

W. C. Ireland M.D.

Medical Attendant.

Coroner E. Wirt

Address

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John List

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 206 Lexington st

Cause of Death, First (Primary,)

Second (Immediate,) fell accidentally, down a hatchway

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feb 27th 1878 at 2 P.M.

Undertaker, John Schultheis

Place of Business, 152½ Mulberry st

Geo C Ashe Coroner M.D.
Medical Attendant.

Address. 229 Cary st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23733.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Burk.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 2 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md Whole life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 186 Greenmount Ave

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) 6 days -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 26 th

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, H. C. Widdefield

Place of Business, 90 Greenmount Ave

Address 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23734.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Mulligan

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 05 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 27 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 36 Neighbor St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Eight weeks confined to house.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Feb 26 th

Undertaker, H.C. Wiedefeld

Place of Business, 90 Greenmount Address, do

Wm W. Whitridge M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 8 *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 915 W Pratt St

Cause of Death, First (Primary,) —

Second (Immediate,) Pneumonia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery A. J Bell *M. D.*

Date of Burial, Feb 26 1878 Medical Attendant.

Undertaker, John S. Mackie *Address*

Place of Business, Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 23736.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1878 BALTIMORE

Date of Death, Feb 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 100 N. Howard St Baltimore

Cause of Death, First (Primary,) Conic Bronchitis

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mt Cemetery~~ Old Cathedral Cemetery

Date of Burial, Feb 27 - 1878

Undertaker, A.W. Jenkins & Son

Place of Business. 16 Light St.

_____ M. D.
Medical Attendant.

Address Dr. Felix Jenkins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2373 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Exton.

Sex, ~~*Male or*~~ *Female,* { Cross out the words not required in this line. }

Age, 7 *Years,* 2 *Months,* 21 *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Corner Lexington St. & Internal Mormon Page.

Cause of Death, { First (Primary,) Internal Mormon Page. / Second (Immediate,) Exhaustion, }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 26 Feb 1878

Undertaker, J & W Jenkins & Co

Place of Business, 16 Light St

Jno. L. A. Wise M.D.
Medical Attendant.

Address, 273 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
26
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Diggs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 Years, ✓ *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Jolleo Alley no number

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 27th 1878

Undertaker, Joseph T Byrne

Place of Business, 59 n Eutaw

M. D.
Medical Attendant.

Address Dr Felix Jenkins
or Mulberry & Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Bane

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Fo Hill E Monument

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fo Hill E Monument St

Cause of Death, {First (Primary,) Congestion Pneumonia

Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City Cemetery

Date of Burial, Feb 27th

Undertaker, Geo. Schilling

Place of Business, Ash. and Lyman

F. Ridgely Bane M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Downs

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ~~Years,~~ 8 *Months,* 25 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 Winter St

Cause of Death, {First (Primary,) / Second (Immediate,)} Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26th 1878

Undertaker, S. W. Chase

Place of Business, S. Howard St

James A Steuart M.D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Dr. P. A. Bell.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Lucas.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 44 *Years,* 4 *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Paper Hanger

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 118 S. Carlin St'r

Cause of Death, {First (Primary,) ; Second (Immediate,)} Consumption of the Lungs, 3 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Feb. 27th 1878

Undertaker, Wm. P. Hughes

Place of Business, 60 E. Balto

J. W. Houck M.D.
Medical Attendant.

Address, 75 E. Baltimore St'r

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hunt Parrott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 7 Fort St

Cause of Death, First (Primary,) Gastro-enteritis

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 26. 1878

Undertaker, William A Burgee

Place of Business, 10 Stockton Alley

J. E. Atkinson M. D.

Medical Attendant.

Address 209 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23743,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Gardiner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 5 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 35 George st Al

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About Six weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetry

Date of Burial, Feb 26 1878

H Darling *M. D.*
Medical Attendant.

Undertaker, John C Gordon

Place of Business, 63 Park Ave *Address* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alverta Small

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Shuter St

Cause of Death, {First (Primary,) Inflamation of Brain

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Feb 26th 1878

Undertaker, Chas T. Jones

Place of Business, Dallas St

James A Steuart M.D.

~~*Medical Attendant.*~~

Address, Commissioners of Health

J Regis Irwin

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigated by Dr. S. M. Hunter

[OVER.]

felt by the medical profession, we call attention to this preparation, containing the *entire nutritious properties* of the muscular fibre, blood, bone, and brain of a healthy bullock, dissolved and

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 Feb 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Genevieve

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Years, Abt 1 Months, 14 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, Home 14 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, sick when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 28 Feb. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St.

Marbury Brown M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Mr Harris

Dear Sir

2.26.78

I have Examined into the Case You mention — and am of the opinion that the child died from want of proper attendance any thing else — subject from the Surroundings. The Parents of the child had a Doctor O'Reilly in attendance and he pronounced the Case to be one of Brain trouble. From facts gathered from the Parents I would make out a Certificate that it died of "Meningitis" or Inflamation of Brain. Either would suit the Case. I called to see Dr O'Reilly but he was not home.

Respectfully

Silas M Hunter M.D.

17 Greenmount Ave

Permit N

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Full Name

Sex, Male o

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Married, Si

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23745

Place of Burial, Cathedral Cemetery

Date of Burial, 28 Feb. 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Marbury Brown *M. D.*
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Taylor

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 Sharter St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Feb 26 1878

Undertaker, Thos L. Locke

Place of Business, 56 Jefferson St

James A Cleaver M.D.

~~Medical Attendant.~~

Address, Commr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Dr. L. T. McShane

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1878

CERTIFICATE OF DEATH.

Date of Death, Febry. 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Felton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Fourteen Months, Nine Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 110 Ladenhall st

Cause of Death, {First (Primary.) / Second (Immediate,)} Basilar Meningitis

Duration of Last Sickness, Eleven days

All the above informations should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 27th 1878

Undertaker, Armstrong & Denny

Place of Business, 265 Eight st

De L. H. Barclay M. D.
Medical Attendant.

Address Stark & Cunningham

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseas[illegible] [illegible]ck of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24. 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Downey

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Harford Co. Md.

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number.} 349 E. Biddle St.

Cause of Death, {First (Primary,) Bronchitis; Second (Immediate,) Exhaustion}

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 27. 1898

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

G. G. Rusk M.D.
Medical Attendant.

Address, Hall & Hawkins

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. R. Murphy

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 4 *Years,* 7 *Months,* 13 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 81 S. Arch st

Cause of Death, {First (Primary,) Hydrocephalus,
Second (Immediate,) Exhaustion,} three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 26th 1878

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

C. G. Rusk M.D.
Medical Attendant.

Address, 13 Balt. Mark. sq.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Decker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 317 Lombard St (East)

Cause of Death, First (Primary,)

Second (Immediate,) Old age

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Burying Ground

Date of Burial, Feb 27th 78

J. H. Martin M. D.
Medical Attendant.

Undertaker, H. Frank

Place of Business, 220 Eastern Ave Address Canton Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rauch

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 6 *Days* 18

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 Gl Winner St

Cause of Death, {First, (Primary,) Catarrhal Fever

Second, (Immediate,) Acute Pericarditis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Feb 26th 1878

Undertaker, Wm J Mackie

Place of Business, 16 130 Caroline

L A Bee *M. D.*
Medical Attendant.

Address, 101 S Pierce St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Benson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S.W. Corner Columbia Av & Green St

Cause of Death, {First (Primary,) Consumption
Second (Immediate,)}

Duration of Last Sickness, Protracted

All the above information should be furnished by the Physician.

Place of Burial, A. Counts

Date of Burial, Feb 28th 1878

Undertaker, John S Macher

Place of Business, No 150 Camden St

Address

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23753.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Rockbridge all

Duration of Residence in the City of Baltimore, 15 Months

Place of Death, {Give street and number.} 58 Stockton Alley

Cause of Death, First (Primary,) Congestion on the Lungs

Second (Immediate,) Fever 10

Duration of Last Sickness, All of life time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 26 1875

Undertaker, William A Dingee

Place of Business, 10 Stockton Alley

S Ecclestine M. D.
Medical Attendant.

Address 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. Katie Middendorf

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 55. Mosher St.

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,)

Duration of Last Sickness, Between 7 & 8 days do

All the above information should be furnished by the Physician.

Place of Burial, Green City

Date of Burial, Feby 28/78

Undertaker, Conard & Mann

Place of Business, 20 Park Ave

H. Carey Thomas M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mette

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 210 N. Broadway

Cause of Death, First (Primary,) Fracture of left Shoulder

Second (Immediate,) Debility from fracture & old age

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 28th 1878

James J Cockill M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 66 S Broadway *Address* 23 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Driver

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* / *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 144 N. Chappel St.

Cause of Death, First (Primary,) Catarrh fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, Feb 26th

Undertaker, H. Frochlich

Place of Business, 246 Eastern Av

R. N. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 1878 6½ P M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosanna D Magruder

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, 53 yrs *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 462 N Calhoun St

Cause of Death, {First (Primary,) Bronchitis gen. & catarrh} {Second (Immediate,) Pulmonary Consumption}

Duration of Last Sickness, Sick in bed. Ill two or three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 27th 1878

Undertaker, Jas F. Evans

Place of Business, 598 W. Balto St

W W Hammond M.D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1878 BALTIMORE

Date of Death, February 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miranda Tasco

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None - Formerly House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard Co - Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 41 Gunnell Low St

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, Six Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27 1878

{*Undertaker,* John H. Jordan / *Place of Business,* 1163 Park Ave,}

A. C. Williams M.D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23759.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W Karle

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Candy Manufacturer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Rifelime

Place of Death, {Give street and number.} 147 Low st.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) One year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Mar 1 1878

Undertaker, Henry Heath

Place of Business, 30 Central av

Jno. B. Boyle M. D.
Medical Attendant.

Address, 160 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules on Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* — *Months,* 1 or 2 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 1 or 2 hours

Place of Death, {Give street and number.} Unknown

Cause of Death, {First (Primary,) Unknown

Second (Immediate,) probably, Apoplectic Apnea Short

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Feb 21st 1878

Undertaker, Fred'k A. Kerchner

Place of Business, 508 Republican

R. C. Lee M.D.

Medical Attendant.

Coroner's D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23761.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Katie Mintel

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Years, 5 Months, 11 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md. Harf Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 70 Aisquith

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis / Con Cuti

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, Feb 28th 1878

Undertaker, J B Cook

Place of Business, No 704 W. Baltimore Street

Geo. V. Brown M. D.
Medical Attendant.

Address 144 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine King

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* *Months,* 1 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} Dover 5 St, cor Fulton & Monroe -

Cause of Death, {First (Primary,) Diptheria -

{Second (Immediate,)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Stone Chapel Near Pikesville Baltimore Co's

Date of Burial, February 2?

Undertaker, J B Cook

Place of Business, 707 West Baltimore

W M Leguter M.D.

Medical Attendant.

Address, S W Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23763.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1918.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Haschert

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 64 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} German / 24 Years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 120 Bank St.

Cause of Death, {First (Primary,) Consumption of Lungs

Second (Immediate,) ...

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb. 27th 1918

Undertaker, Y. M. Christian

Place of Business, 25 Lee Ave.

G. Edw. Miller M.D.
Medical Attendant.

Address, 7 Jackson Sq. Av.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Anderson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Indiana.

Duration of Residence in the City of Baltimore, Since.

Place of Death, {Give street and number.} 48 E. Monument St.

Cause of Death, First (Primary,) Scarlatina & Pneumonia.

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th 1878

Undertaker, Mrs. H. Burkhardt

Place of Business, 97 Druid Hill Ave

H. H. Hackett M. D.
Medical Attendant.

Address 28 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 23765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Gantt

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 86 *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 6. Elder alley

Cause of Death, {First (Primary,) Natural Causes

{Second (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 1878

James A Steuart M.D.

~~Funeral Appointments~~

Address, Comm of Health & Registrar

Undertaker, W. H. Bishop

Place of Business, Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Dr. A. H. Saxton

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 5 of Regulations.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23766,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Barry.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Newport. S. Wales

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 30 Copeland St

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 28 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Sam'l S. [illegible] M. D.
Medical Attendant.

Address Balto Gen'l Disp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2,367.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y 27, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* About 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling Home 30 hours

Duration of Residence in the ~~City of Baltimore~~,

Place of Death, {Give street and number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary,) This child was brought in by police - found

Second (Immediate,) died from Exposure in cold night

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 1, 1878

Undertaker, Sam. Bowen

Place of Business, 156 Division St.

Marbury Brown M.D.

Medical Attendant.

Address, 201 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lawrence Fisher

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 1 *Days.*

Color, Mulato

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 13 Saratoga

Cause of Death, First (Primary,) from effects of Burns

Second (Immediate,) was burnt about 1 P M

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurial cemetary

Date of Burial, Feb 27 1878

Undertaker, Charles A White

Place of Business, 35 Granby Street

T. J. Ward M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23769.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddy

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* About 14 *Months* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Farmington

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Congenital syphilis / Second (Immediate,) Asthenia

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 1. 1878

Undertaker, Sam. Bowen

Place of Business, 56 Division St.

Martin Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23770.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 27 1878 BALTIMORE

Date of Death, Feby. 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Virg. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, four *Years,* Since *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 212 Hollins.

Cause of Death, {First (Primary.)} Measles

{Second (Immediate.)}

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 28 th

Undertaker, S. W. Leonard & Son

Place of Business, 52, W Baltimore

Saml Outerbridge M. D.
Medical Attendant.

Address # 562 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2377.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R. Tylie

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 6 *Years,* 3 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 175 E. Eager st.

Cause of Death, {First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb. 27

{*Undertaker,* H. C. Wiedefeld

Place of Business, 70 Greenmount Av

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23772.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Logue

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 87 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 163 Harford Av.

Cause of Death, {First (Primary,) Old age / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 28th Febry 1878

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

P. L. Dausch M.D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23773,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1878. 8 O'Clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Maxwell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Little over two *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Saint Mary's Co. Md.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 304 N. Fayette Street

Cause of Death, {First (Primary,) Accidental Injury re Lungs & Liver

Second (Immediate,) Pyæmia

Duration of Last Sickness, Forty Six days.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's County Md.

Date of Burial, March 10th.

Undertaker, Jas. T. Hall

Place of Business, 31 Union St.

H. Barlow M. D.
Medical Attendant.

Address, Jas. S. Shultz

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 1020

Board of Health, City of Baltimore,

Permit No. 23774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1878 BALTIMORE

Date of Death, Feby 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Vc. Nicodemus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Franklin Co. Pennsylvania

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, {Give street and number.} No 235 Linden Av. Balt. City

Cause of Death, First (Primary,) Chronic Bright's Kidney

Second (Immediate,) Cardiac Asthenia -

Duration of Last Sickness, Under treatment (one year)

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 28 Febr 1878

Undertaker, Wm Devilbiss & Son

Place of Business, 16 Leigh St

Reggie Buckler M.D.
Medical Attendant.

Address 135 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Constantin Schuelking

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 44 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Lexington St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 28 1878

Undertaker, J. W. Jenkins

Place of Business, Light St

Abram B. Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 23776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1878 BALTIMORE

Date of Death, Feby - 27th - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E Nelson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 50 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Coach Trimmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hanford Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 35 Mc Henry St Balto

Cause of Death, {First (Primary,)} Phthisis Pulmonalis

{Second (Immediate,)} Congestion of Lungs

Duration of Last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 28

Undertaker, H C Watchman

Place of Business, 191 S Bond St

Thomas Opie M.D.
Medical Attendant.

Address, 394 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23777.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th Dec 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gottfried H. Mahr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* 00 *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hildburghausen (Germany)

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} Mulberry St. 110

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Dropsy (Dropsy)

Duration of Last Sickness, 3 months under my care

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, 29th

Undertaker, N. Keller

Place of Business, N. Gay St. 86.

D. D. Hedrick M. D.
Medical Attendant.

Address 120 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Anthony

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 13 E. Fayette

Cause of Death, {First (Primary,) Phthisis Pulmonalis, Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, 28 Feb 3 Oclock

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Eden Street

Address 42 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rhoda Williams

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 76 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, Sailcloth

Birthplace, {State or country (and how long in United States, if of foreign birth.)} A. A. Co Md.

Duration of Residence in the City of Baltimore, 74 years

Place of Death, {Give street and number.} 8 Neck St

Cause of Death, First (Primary,) —

Second (Immediate,) Apoplexy 3 days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 1st

Undertaker, Chas. H. Weaver

Place of Business, 129 S. Paca St

Dr A Gillis M. D.
Medical Attendant.

Address, 130 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 27 — 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Jones

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, * *Years,* 2 *Months,* 11 *Days.*

Color, Col'd *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 203 Kensington Av

Cause of Death, { First (Primary,) Capillary Bronchitis / Second (Immediate,)

Duration of Last Sickness, Abt 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 28th 1878

Undertaker, C B Cook

Place of Business, 1727 E Baltimore Street

R K Knox *M. D.*

Medical Attendant.

Address 134 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Feby 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Coorce

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 58 *Years,* — *Months,* — *Days*

Color, wht

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 151 Lindenwood Balto.

Cause of Death, First (Primary,) Cancer of Uterus

Second (Immediate,) —

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 2d 1878

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw st

H G Lane Campbell M.D.
Medical Attendant.

Address, 179 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Lee Jones

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Co'y

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 37 Green [illegible]

Cause of Death, First (Primary,) Accidentally

Second (Immediate,) Strychnine

Duration of Last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y

Date of Burial, May 28th 1879

Undertaker, Hemmings & Conn

Place of Business, 263 Light St

R. C. Lee M.D.

Medical Attendant.

Address, [illegible] Light St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23783.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Lorlon

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248 N Howard

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Wm Whilridge M.D.
Medical Attendant

Place of Burial, Old Cathedral

Date of Burial, Feb 28th 1878

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw St

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23784.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Hopkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, {Give street and number.} Nov Clarkson ally

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, 2 Mar Feb

Undertaker Las P Byrne

Place of Business, 63 Front st

E Hall Rutledge M. D.
Medical Attendant.

Address 157 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb - 27 - 1878 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Mills -

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, - 11 - *Years,* - 9 - *Months,* - 15 - *Days.*

Color, - White - *Sex,* - Male -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} - City -

Duration of Residence in the City of Baltimore, - - - -

Place of Death, {Give street and number.} 22 Smith St -

Cause of Death, {First (Primary,) / Second (Immediate,)} - Cerebro - Spinal Meningitis - 3 weeks -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 1st 1878

Wm. H. B. Sellman M. D.
Medical Attendant.

Undertaker, Cenworth

Place of Business, Baltimore Pennsylvania Ave

Address Carrollton Ave & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th February 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Emily Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Two *Years,* *Months,* five *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During her whole life.

Place of Death, {Give street and number.} No. 265 Hoffman St.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Hydrocephaloides.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, February 28th 1878

Charles A Geiger M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St Address No. 267 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henery Winter

~~*Sex,* Male or Female,~~ {Cross out the words not required in this line.} Male

Age, 93 *Years,* 5 *Months,* 13 *Days*

Color, White

~~*Married,* *Single,* *Widow* or *Widower,*~~ {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 6 N. Greene St

Cause of Death, First (Primary,) ..... Influenza

Second (Immediate,) ..... 3 weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Ft Athonsus C.

Date of Burial, March 1st

Undertaker, P. Timmins & Co

Place of Business, 311 Mulberry

D. A. Gillis M.D.
Medical Attendant.

Address, 25 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew P. Russell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent Co. Md.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Cor. Fremont & Pierce Sts

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,) 4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, March 2 1878

J. W. C. Cuddy *M. D.*
Medical Attendant.

Undertaker, R. Kummel

Place of Business, Mulberry St *Address* 318 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 102

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Hass~~ Mr Mary Duvall

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, One Year

Place of Death, { Give street and number. } 185 Lanvale Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 1st 1878

B. B. Browne M. D.
Medical Attendant.

Undertaker, Wm. E. Chenowith & Co

Place of Business, 103 Paca Street *Address* 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23790

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Miller

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line}

Occupation, Eight-Day

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (42 yrs in America

Duration of Residence in the City of Baltimore, 39 yrs

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, March 1, 1877

Undertaker, Henry Heath

Place of Business, 324 Eutaw

M. D. Oscar J. Colburn

Medical Attendant.

Address. 188 W. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Cleary

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 ~~Year~~ ~~6 Months~~ Years, 6 Months, ... Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~a~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Queens Alley

Cause of Death, First (Primary,) Pot Disease of Spine

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five Mos

All the above information should be furnished by the Physician.

Place of Burial, W. Potters Field

Date of Burial, Feb 28th 1878

Undertaker, F. A Kirchner

Place of Business, Carroll Ave

Jas L Preston M.D.

Medical Attendant.

Address, City Hospital

Pott Dept

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1878 BALTIMORE

Date of Death, Feb. 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry Duff.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 57 McElderry St.

Cause of Death, {First (Primary,) Second (Immediate,)} Oedema (general) 5 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 1st 1878

{*Undertaker,* Geo. Schilling
Place of Business, Asquith & Thrumm}

Francis A. Sauer M. D.
Medical Attendant.

Address 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART MAR 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Davey, Cath

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 20 Penn st

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) pneumonia

Duration of Last Sickness, 2 days death

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 1st

Undertaker, Wm J. Ficknen

Place of Business, 65 S. Eutaw

Geo. C. Yale Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Reisig

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 488 Hanford Av.

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) -

Duration of Last Sickness, 3 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, March 2. 1878.

Undertaker. C. Hofmann.

Place of Business, 42 N. Eden St.

J. P. Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Elizabeth Barber

Sex, Male or Female, {cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 275 S. Charles St

Cause of Death { First, (Primary,) Uraemia
Second, (Immediate,) Convulsions
3 days

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3d

Undertaker, Henry Brock

Place of Business, Hennetta St 81

Address,

S. Lucas M. D.
Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 23796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th Feb

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Martin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 25 *Years,* ~~*Months,*~~ *Days.*

Color, Col

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick County

Duration of Residence in the City of Baltimore, five years

Place of Death, {Give street and number.} 11 Harrison St

Cause of Death, {First (Primary,) Cerebral softening ?

{Second (Immediate,)

Duration of Last Sickness, five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3rd 1878

Undertaker, A. L. Chalmers

Place of Business, Penna Ave

Jno. G. Lange M. D.
Medical Attendant.

Address Balto Genl Dispy.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann. Lee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, Cold *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 Vine st

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Hydrocephalus

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery S. T. Coyner *M. D.*

Medical Attendant.

Date of Burial, Mar 1 1878

Undertaker, S. W. Eshman

Place of Business, 198 S. Howard st *Address* 134 High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aaron Wesley

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 8 *Years,* 4 *Months,* 8 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 n Montgomery St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2 1878

Undertaker, S. W. Chase

Place of Business, S. Howard St

M. D.

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Immediate cause by Dr. S. A. Bell

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTI

Date of Death, Feb

Full Name of Deceased, { Write legibly correctly. If not named, gi of parents.

Sex, Male or Female, { Cross out the words required in this line

Age, 8 Yea

Color, Col'd

Married, Single, Widow or Widower,

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.)

Duration of Residence in the City of

Place of Death, { Give street and number. } 27

Cause of Death, { First (Primary,) ; Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2 1878

Undertaker, S. W. Chase

Place of Business, S. Howard St

Address, Commissioner of Health & Registrar

M. D.

S. A. BELL, M. D., 161 Sharp Street, Baltimore.

℞ Child,
Aaron Wesley, 8 yrs 1 mo 2 days
Died at 272 Montgomery St
without having any Physician
Diagnosis Pneumonia

S. A. Bell M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Dr. S. A. Bell

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. d. John L. Frank (Parents)

Sex, Male ~~Female,~~ {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 309 E. Lombard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 1 1878

Undertaker, John Lake

Place of Business 195 E. Balto St

Address. Comm of Health & Registrar

———— M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Dr. J. F. McShane

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED

CE

Date of Death, a

Full Name of Deceased, { Wi cor not of

Sex, Male or ~~Female,~~ { Cross out required

Age,

Color, A

Married, Single, Widow or Wi

Occupation,

Birthplace, { State or country (and ho long in United States, of foreign birth.)

Duration of Residence in the C

Place of Death, { Give street and number. } 007 E. Fairmount St

Cause of Death, { First (Primary,) / Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Mch 17 1878

Undertaker, John Lake

Place of Business 195 E. Balto St

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

This is to certify that the cause of death of child of John L. Frank is correct —

James F. McShane M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Dr. J. F. McShane

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda H Drexel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} # 110 Somerset St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Johns RC J. N. Gross M. D.

Date of Burial, March 3 1878 Medical Attendant.

Undertaker, Henry Hauf

Place of Business, 307 Central Ave. *Address* 60 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23801,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Willis

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wash-Woman,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 90 Peach alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 1th 1878

Undertaker, H Crooks Rees

Place of Business, 1106 Caroline

L. H. L. Tull M.D.
Medical Attendant.

Address, 152 Sharp St.
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Joseph

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33. *Years,* 11. *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 99. Peach Alley

Cause of Death, {First (Primary,) ... Second (Immediate,) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, March 2nd 1878

{*Undertaker,* Julius Koehler
Place of Business, Cor of Sharp and Lombard sts}

Howard Cotta M. D.
Medical Attendant.

Address 116 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23803,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Grieves

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, House

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} Union Prot. Infirmary

Cause of Death, {First (Primary,) Cancer of uterus} {Second (Immediate,) Coma and delirium}

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, Norfolk V A

Date of Burial, March 3d 1878

Undertaker, John J Andrew

Place of Business, No 416 Druid Hill Ave

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1022

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Dolan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* / *Months,* 21 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 100 Battery Av.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 2nd March.

Undertaker, B. Hoole

Place of Business, 411 Light St.

R. J. H. Tall M. D.
Medical Attendant.

Address 152 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Stern

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 2 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dalld City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 119 N. Gay Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Heb. Cemetery

Date of Burial, March 4th 1878

Undertaker, Wm Eilau

Place of Business, Do

P. Schrist M. D.
Medical Attendant.

Address C. C. Eggert Carlins St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23806,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elcan Bustis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty four *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co. Va.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 103 Rebury, Street

Cause of Death, First (Primary,)

Second (Immediate,) Chronic Pneumonia & Stomach & Bowels

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Green St. Cemetery

Date of Burial, March 2. 1878

Undertaker, Jos. C. Jones

Place of Business, No. 63 E. Pratt

Chas. H. Jeffs *M. D.*
Medical Attendant.

Address 386 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Gary

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sewing woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 45 Arch Street

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Ost Reates

Date of Burial, March 1. 1878

Undertaker, John L Gatch

Place of Business, 17 E Pratt St

J. Zell M. D.
Medical Attendant.

Address 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The S[illegible] attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1878 BALTIMORE

Date of Death, Feby 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Huricitta Jones

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 49 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md—

Duration of Residence in the City of Baltimore, 49 Years—

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 months—

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 2d of March

Undertaker, Patrick McGovern

Place of Business, 220 Hanover St.

J. F. Sludge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 4 *Days.*

Color, African

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 4 Dunning Alley

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, 1st. March 1878

Undertaker, Wm. N. Lynch

Place of Business, No 10 Stockton al

Wm. Ellis M. D.
Medical Attendant.

Address 315 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23810,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodor Adolf Dahms

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 . *Years,* *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} 143 S. Ann St

Cause of Death, First (Primary,) Ulcer. Pylori

Second (Immediate,) Inanition.

Duration of Last Sickness, A year or more.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 3 March

Christopher O'Sullivan M. D.
Medical Attendant.

Undertaker, Ed. Schlenker

Place of Business, 214 East Eutaw *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23811

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Roberts

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~~ *Years,* 8 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 236 William St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Convulsions.

Duration of last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 3rd 1878

J. O'Harrington M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St *Address,* 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno D. Mowbray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 N Charles

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, March 3 1875

Undertaker, John F Chaney

Place of Business, 164 X (W) Centre

Address 121 N. Mercer

Jas. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23813,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roland Weeks

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} .....

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 323 N Bond St.

Cause of Death, {First (Primary.) Tubercular Meningeles

Second (Immediate,) Convulsions

Duration of Last Sickness, Under treatment one week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3d

Undertaker, Geo Schilling

Place of Business, 1 N Bond Street

Wm Whitridge M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a ful and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23814,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elcy Durant

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 81 *Years,* *Months,* *Days*

Color, col

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Grove st No 7

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart disease

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, March 2. 78

Undertaker, [illegible]

Place of Business, [illegible]

E C Baldwin *M. D.*
Medical Attendant.

Address, 124 n Eye St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} × Mary E Tolson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 40 *Years,* *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} × Baltimore City

Duration of Residence in the City of Baltimore, × 40 years 4 days

Place of Death, {Give street and number.} 19 Gittings

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption 2 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 3 78

Undertaker, Englunger & Dern

Place of Business, No 263 Light st

R. C. Lee, M.D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Bailey

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, Wh

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number} 54 Cross St.

Cause of Death { First, (Primary,) / Second, (Immediate,) } Pulmonary Tuberculosis. two years.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 3d 1878

Undertaker, John Thacher

Place of Business, No 150 Camden

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Robinson.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 46 Years, *Months,* - *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Va.

Duration of Residence in the City of Baltimore, 17 Years.

Place of Death, {Give street and number.} 30 Peach Alley

Cause of Death, {First (Primary.) Consumption.

Second (Immediate,)

Duration of Last Sickness, About 15 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2 1878

Undertaker, Hercules Roop

Place of Business, West St

Address, Northern Dispensary

J. W. Holt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st. 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mintz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 20 Canton Ave

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Mem

Date of Burial, March 2 nd

Undertaker, Wm Dipple

Place of Business, 41 S Bond st

James E. Donaldson M. D.
Medical Attendant.

Address 2926 E. Balto. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Perego.

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 18 *Days*

Color, Coll

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S. Upton St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) all ti Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch 3 1878

Undertaker, Wm H. Bishop

Place of Business, Druid Hill Av

James A Stewart M.D.

Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Dr S. Baldwin

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person sooner, if requested so to do, under p

NO PERMIT FOR

CE

Date of Death, Feb

Full Name of Deceased, { Writ corre not p of pa

Sex, ~~Male or~~ Female, { Cross out t required in

Age,

Color, Col

Married, Single, Widow or Wi

Occupation,

Birthplace, { State or country (and ho long in United States, of foreign birth.)

Duration of Residence in the C

Place of Death, { Give street and number. } 8. Upton St

Cause of Death, { First (Primary,) Second (Immediate,) Convulsions all ti Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3 1878

{ Undertaker, Wm H. Bishop
{ Place of Business, Druid Hill Av

James A Steuart M.D.
~~Medical Attendant.~~

Address, Commis of Health
& Registrar

Balto. Mar. 2nd 1878

Dr Stuart Health Commissioner.

Dear Sir — I have investigated the subjoined case, and can discover no cause to suppose that death was the result of other than natural causes. I think Convulsions a more probable cause than Cholera Morpantum.

Silas Baldwin M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Dr S. Baldwin

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23820.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Holden

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* ... 1 *Months,* ... 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the ~~City of Baltimore~~, House 14 days

Place of Death, {Give street and number.} St Vincent's Infant Asylum

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Anemia

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 2d 1878

Undertaker, Hoy & Mears

Place of Business, 146 & 148 Gay St

Martin Brewer M.D.
Medical Attendant.

Address, 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23821,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Weitzel

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 65 *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 169 S. Ann St

Cause of Death, First (Primary,) Cancer of the Stomach

Second (Immediate,)

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 2nd 78 Abram D Arnold M.D.
Medical Attendant.

Undertaker, Michael Frane *Address,*

Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benedict Laeckler

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 1 *Years,* 7 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 30 S Wolfe st

Cause of Death, First (Primary,) pulmonary tuberculosis

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Stephens cem

Date of Burial, March 3d '78

Undertaker, A. France

Place of Business, 280 Canton Ave

L. G. Dana, M.D.
Medical Attendant.

Address, 27 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hellman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1/0 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cigar-box maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number} 287 William Street

Cause of Death, First, (Primary,) Immorhage.

Second, (Immediate,) Consumption

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 2nd 1878

J. O. Harrington M. D.
Medical Attendant.

Undertaker, Armstrong & Deems

Place of Business, # 263 Light St. *Address,* 221 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23824.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Verlina Solomon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, twenty six *Years,* *Months.* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 105 Penna Ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Some Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 3rd 1878

Saml. H. Smith M. D.
Medical Attendant.

Undertaker, Thr Bergot.

Place of Business, Biddle St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A M. Comas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 384 Lexington

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemitary

Date of Burial, Sunday March 3rd 1878

J. T. Knight M. D.
Medical Attendant.

Undertaker, Blackston Bros

Place of Business, Baltimore St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Heck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* — *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany;

Duration of Residence in the City of Baltimore, Forty seven years

Place of Death, {Give street and number.} 170 Huntingdon St

Cause of Death, {First (Primary,) Pericarditis
Second (Immediate,)}

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 4th 1878

Undertaker, Armstrong & Sons

Place of Business, 203 Light St

De L. H. Barclay M. D.
Medical Attendant.

Address 47 Canaan St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life residence

Place of Death, {Give street and number.} 193 Townsend St

Cause of Death, {First (Primary,) Pulmonary Consumption / Second (Immediate,)}

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 3th 1878

{*Undertaker,* Wm N. Dungel / *Place of Business,* No 62 East St}

S. T. Knight M. D.
Medical Attendant.

Address 112 Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DAK SAFETY ▲ FILM

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Haddie Brooks

Sex, ~~Male or~~ Female. {Cross out the words not required in this line.}

Age, Two Years, Five Months, — Days

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 53 Vine st

Duration of Residence in the City of Baltimore, two years and five months

Place of Death, {Give street and number.} 20 Stocton Alley.

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Pneumonia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Burial lot

Date of Burial, March 3rd 78

Undertaker, William Singer

Place of Business, No 4 Stocton Alley

J. G. Linthicum M.D.
Medical Attendant.

Address, ~~H~~ 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Copper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 22 *Years,* 5 *Months,* *Days.*

Color, Colored *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Miles River, Talbot Co. Md

Duration of Residence in the City of Baltimore, 2 years and 6 months

Place of Death, {Give street and number.} 23 Bruce St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, Six weeks and three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J.M.S. Jordan M. D.

Date of Burial, March 3d 1878 Medical Attendant.

Undertaker, Wm V. Lynch

Place of Business, NO Stockton ally *Address* 632 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Eckenrode

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll. County Md.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 70 Division St.

Cause of Death, First (Primary,) Typhoid fever.

Second (Immediate,) Pneumonia.

Duration of Last Sickness, was sick in attendance 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, Taneytown Carroll Co Md

Date of Burial, March 3d 1878

Undertaker, Wm E. Chenoweth

Place of Business, 103 N. Paca St.

Martin Rennes M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1023

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23831,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28. 1878,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Smallwood,

Sex, Male or Female, { Cross out the word not required in this line. } Female,

Age, 18 *Years,* — *Months,* — *Days.*

Color, Black, *Sex,* Female,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single,

Occupation, Servant,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, { Give street and number. } 17 S. Regester,

Cause of Death, { First (Primary,) Phthisis Pulmonalis, / Second (Immediate,) }

Duration of Last Sickness, 6 Months,

All the above information should be furnished by the Physician.

Place of Burial, Ballarat Cemetery

Date of Burial, March 3rd 1878

J. J. Sullivan M. D.
Medical Attendant.

Undertaker, Theodore J. Locke

Place of Business, 56 Jefferson St

Address 116 Thames St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ntion of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj F. Frowd

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 5m *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} S. W. Corner Fremont & Fredk Av.

Cause of Death, {First (Primary,) Diphtheria 1 Hr

Second (Immediate,) Died Same

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 3rd 92

Undertaker, Wm. E. Schmidt

Place of Business, 103 Pacific St

Jno. L. Linthicum M.D.
Medical Attendant.

Address, 984 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23833.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Dunn

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 16 N. Schroeder

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, March 3rd 1878

Undertaker, J. B. Cook

Place of Business, 70 W. Baltimore St. Balto Md.

Edwd F. Mulheran M. D.
Medical Attendant.

Address, 279 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sara Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, fifty five *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, fifty five years

Place of Death, { Give street and number. } No 24 Ohio ave

Cause of Death, { First (Primary,) Exhaustion of Bowels
Second (Immediate,) Three Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Thorpe Cemetery

Date of Burial, Mar 3 1878

Undertaker, S. Wheelhouse

Place of Business, 1928 Howard st *Address* 260 S. Eutaw St

J. J. Shultz *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd / 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} James Wheeler.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 0 *Months,* 0 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} # 88 S. Broadway

Cause of Death, {First (Primary,) Organic disease of the heart.
Second (Immediate,) —Sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, March 4th 1878

Undertaker, Keighler & Co

Place of Business, 658 Broadway

A. F. Erich M.D.
Medical Attendant.
per. G. Boaer

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 1024

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bell Arnold

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 6 *Days.*

~~Color~~, White

~~Married, Single, Widow or Widower~~, {~~Cross out the words not required in this line.~~}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Huntington~~ Baltimore Co. Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} N. E. Cor Biddle & Wolfe

Cause of Death, {First (Primary,) Antecedent Anasarca Immediate,} {Second (Immediate,)}

Duration of Last Sickness, Unknown to me, Case transferred by some other

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 3rd 1878

Undertaker, John S. Macher

Place of Business, No 150 Canden

Wm. L. White, M. D.
Medical

Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23837

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Mar 2, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Arnold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 960 W. Baltimore St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount olivet cemetery James Bayley M. D.

Medical Attendant.

Date of Burial, March 4th 1878

Undertaker, S B Coots

Place of Business, No 707 W. Baltimore Street Address Cor Hollins & Mount Sts Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23838,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 5
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Arnold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Co, Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 960 W. Balto. St

Cause of Death, {First (Primary,) Diptheria
Second (Immediate,)

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet cemetery James Bosley M. D.

Date of Burial, March 4th 1878 Medical Attendant.

{*Undertaker,* S. B. Cook *Address* Cor. Holliday & Mount St
{*Place of Business,* 767 W. Baltimore St Balto, Md
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23899 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theo G. Burgess

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 33 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Alms House Infirmary N. Bridge

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, about 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 4th

Undertaker, Key & Son

Place of Business, 54 W. Broadway

G. W. Clarke M. D.
Medical Attendant.

Address Alms House Infirmary N. Bridge

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Berry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~54~~ *Years,* *Months,* *Days.*

Colored ——— *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1. Clinton Av

Cause of Death, {First (Primary,) Fibroid Tumor of uterus
Second (Immediate,) Septicaemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Penn Sharp 21 Conn

Date of Burial, March 3 1878

Undertaker, Edw C Gordon

Place of Business, No 63 Eutaw av

W B A Browne M. D.
Medical Attendant.

Address 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary O A Turck

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Five *Years,* Six *Months,* 18 = *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Central City Col

Duration of Residence in the City of Baltimore. four years

Place of Death, {Give street and number.} 262 W Pratt St

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,)

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral H. Mitchell *M. D.*

Date of Burial, March 4th 1878 Medical Attendant.

Undertaker, F. N. Troll *Address* 511 Sharp St

Place of Business, 131 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

Date of Death, March 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Jane Lucas,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 58 *Years,* ____ *Months,* ____ *Days.*

Color, white,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Fifty-nine years,

Place of Death, {Give street and number} 33 (E. Fayette St.

Cause of Death, First, (Primary.) Paralysis Heart disease

Second, (Immediate,) Hemorrhage Paralysis

Duration of last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, March 5th

Undertaker, Fry & Son

Place of Business, 54 N Broadway

G. Glanville Rusk M. D.
Medical Attendant.

Address, Bell. & Wash. ets.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 230[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23843,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jacob Schuchman

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 3 *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, de ds life

Place of Death, {Give street and number} 245 S. Bond St.

Cause of Death, First, (Primary,) Croup neglected

Second, (Immediate,) chronic croup

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Matthias Bryn.

Date of Burial, March 4

C. D. Schuer M. D.
Medical Attendant.

Undertaker, H. Keffel

Place of Business, S. Bond st 15 *Address,* 86 E. Fayette Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

SUN. J. C. BOLLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 4
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Camel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* 2 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Shoe Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 21, Dallas St.

Cause of Death, First (Primary,) Senile Paralysis

Second (Immediate,)

Duration of Last Sickness, 2 month

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetary

Date of Burial, March 4 1878

Undertaker, H. C. Hutchinson

Place of Business, 191 S Bond St

Geo. S. Kinnemon M. D.
Medical Attendant.

Address 73 E Pratt St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March (3rd) 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schneider

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Sixty Three *Years,* Seven *Months,* Fifteen *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Paving Contractor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Forty Five Years

Place of Death, {Give street and number.} # 91 North Bond Street

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate,) From Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6th/98

{*Undertaker,* Geo Schilling
Place of Business, Ashland Depot

Wm. H. Clendinen, M. D.
Medical Attendant.

Address # 102 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23846.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Kirby

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 298 E. Pratt St.

Cause of Death First, (Primary,) Spasmus nascentium

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial, March 4th 1878

Undertaker, Kuhn & Co

Place of Business, 615 Broadway

G. Glanville Luck M. D.
Medical Attendant.

Address, Balt. & Mar. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Bittel

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 4 *Years,* 5 *Months,* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} N 18 Walnut ~~Street~~ Alley

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Norma

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 4th 1878

Undertaker, A. Leeds

Place of Business, Druid Hill

Henry Sager M.D.
Medical Attendant.

Address, 165 Columbia

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23878,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE MD

Date of Death, March 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Johnson

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Colored

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. McElderry st extended 42

Cause of Death, First (Primary,) Childbirth

Second (Immediate,) Puerperal Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4th 1878

Undertaker, Thos J. Locke

Place of Business, No 56 Jefferson st.

E. E. Baldwin M.D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23849.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

Date of Death, March 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore. Since infancy

Place of Death, {Give street and number.} 482 Sutton Place

Cause of Death, First (Primary,) Inflammation of Heart

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, March 5th 1878

Undertaker, Henry W. Jenkins Son

Place of Business, 162 Eight St.

Dr. Millington M.D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23850.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

Date of Death, March 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 5 dis Harford ave

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 4th

Undertaker, Armstrong & Penny

Place of Business, 263 Light St *Address* 442 N Central ave

A. G. Watson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

Date of Death, March 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Krebs

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* 3 *Months,* *Days.*

Color, white *Sex,* ~~—~~

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 546 W. Lombard st -

Cause of Death, First (Primary,) Stricture of Rectum

Second (Immediate,) Peritonitis

Duration of Last Sickness, Twenty six hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 4th 1878

J Harvey Hill M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St. *Address* 119 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betsy Bachenheimer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 612 Harrison

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) General Exhaustion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Hebrew Cem

Date of Burial, March 5th 1878

Undertaker, L. Sofski

Place of Business, 33 Harrison St

I Ringwalt Jr M.D.
Medical Attendant.

Address, Town

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23853.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brennan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 43 Randall St

Cause of Death, {First (Primary,) Catalepsy
Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem'y

Date of Burial, 4th March.

Undertaker, B. Hark.

Place of Business, 711 Light St.

Throdore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4. 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Frederick Heckmann

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 68 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hanover - Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 81 (81) McHenry

Cause of Death, {First (Primary,) Disease of Kidney & Rheumatism / Second (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6th 1878

{*Undertaker,* Philip Heuvald / *Place of Business,* 25 S. Eutaw St} *Address,* 249 Lee

Edwd Cashmeier M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23855.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1878

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Wehrenberg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 0 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 510 Eutaw St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Druidhil Lutheran Cemetery

Date of Burial, March 4th 1878.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore Str.

H. F. Hill M. D.
Medical Attendant.

Address N. E. Cor Fremont & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23856.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Virginia Gordon,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* 13 *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 158 Lough St.

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,) ~~Cause~~ Asphyxia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters ground

Date of Burial, March 4th 78

Undertaker, J. M. St. Hickman

Place of Business, 183 Lan[illegible]

G. Glanville Taylor M. D.
Medical Attendant.

Address, Balt. & Hanl. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23857.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Morning March 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pleasant A Trail

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor ls not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} Pleasant Ave. near Canal Ave.

Cause of Death, First (Primary,) "Tuberculer Meningitis"

Second (Immediate,)

Duration of Last Sickness, 17 Days.

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, March 4 1878

Undertaker, John L. Salesmanger

Place of Business, 25 E Pleasant Ave

Wilmer Brinton M. D.
Medical Attendant.

Address 25 E. Pleasant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Jas. McKay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 12 N. Eden St

Cause of Death, First (Primary,) Unknown

Second (Immediate,) Supposed apoplexy

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, March 4th 1878

{~~Undertaker~~, Andrew Muirhead *Address*

Place of Business, 25 Ettings St

Dr. H. Stiffenstuffer *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23859.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~February~~ March 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heil

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 49 *Years,* 11 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Marble Cutter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 year

Place of Death, {Give street and number.} 328 Canton Ave,

Cause of Death, First (Primary,) Carcinoma colli

Second (Immediate,) Marasmus

Duration of Last Sickness, 4 month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Society

Date of Burial, March 7th 1878

Undertaker, H M Gilmyer

Place of Business, 341 Canton St

T. Mathieu M.D.
Medical Attendant.

Address, 241 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Carroll

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 86 *Years,* ——— *Months,* ——— *Days*

Color, white

~~*Married Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 10 Doyle Street

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Senile Decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 4 1878

Undertaker, H. M. Gibney

Place of Business, 341 Canton Ave

~~*Medical Attendant.*~~ M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Investigation by Dr J. F. McShane

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Saunders

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* 1 *Months,* 6 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 83 Mulliken st.

Cause of Death, {First (Primary,) Convulsions,

Second (Immediate,)

Duration of Last Sickness, 17 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, March 4 1878

Undertaker, Foy & Brn

Place of Business, 54 N Broadway

P. S. Isaac M.D.
Medical Attendant.

Address, 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antone Hartman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 1 ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number.} 100 Sterling St

Cause of Death, {First (Primary,) Unknown

Second (Immediate,) Unknown, bf undoubtedly natural

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician

Place of Burial, A. M. Stevens

Date of Burial, March 4th

Undertaker, H. Hauke

Place of Business, 1223 Balto St.

Edmund Rwalter M. D.
Medical Attendant.

Address Coroner

Extract from Regulations of the Board of Health to secure a full and co... ord of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said c... l be the duty of th... Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notic... hours after the death to the Undertaker or other person or persons superintending the burial, a... ame can be ascertained, the full name, sex, age and condition (whether married or single) of t... date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 23863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 5 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Ralph.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty three *Years,* *Months,* *Days.*

Color, (African)

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Wash Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 109 Eastern Avenue.

Cause of Death, {First (Primary,) Paralysis - old age
Second (Immediate,)} One Year.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4 th 1878

Undertaker, Theodore J. Lorch

Place of Business, 516 Jefferson st

Nicholas L. Grosh M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 23864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch. 3. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Bradford,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Negro *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 17 Wilkes Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cam. Cemetery

Date of Burial, March 4 1878

Undertaker, Wm H Bishop

Place of Business, 97 Druid Hill Ave *Address* 247 Lanvale

J. L. Ingle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23865, OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Slicer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wards Gate County

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 417 N. Carey st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy

Date of Burial, March 5 78

Undertaker, Benjamin Mader

Place of Business, 30 Eastfood

O. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Inch 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Da Mueller

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, {First (Primary.) Old Age

{Second (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Nicholas C

Date of Burial, March 5, 1878

{*Undertaker,* Henry Kruck

{*Place of Business,* 109 Caroline

Chas. Cushing M.D.
Medical Attendant.

Address, 1881 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 23817

The Physician who attended [illegible] person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other [illegible] superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

Date of Death, March 4 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Maggie Sellers

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Essex & Chew St

Cause of Death, { First (Primary,) Enteritis & Bronchitis / Second (Immediate,) }

Duration of Last Sickness, 43. Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 5 1878

Undertaker, Henry Hauch

Place of Business, 209 Central Ave

Address 167 Aisquith St

E Hall Duttenger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Zigmeth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt?

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 63 N Appleton St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar. 5

Undertaker, I B Cook

Place of Business, 707 N Balt. St. Address 257 Mad. Ave.

A H Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday 3 o'clock P.M. March 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter Kelley

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 30 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 39 O Donnell St Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 99 Elliott St

Cause of Death, {First (Primary,) Diphtheria
Second (Immediate,) Paeumia Asphyxia from the attack Pneumonia

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 5 1878

Undertaker, Hughes & Co

Place of Business, 685 W Broadway

J Chisholm M.D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23870.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 5 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Oppenheimer

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 83 *Years,* ——— *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Pedlar

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 40 N Spring

Cause of Death. First (Primary,) Dilatation of the Heart

Second (Immediate,) Syncope

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, March 6 78

Undertaker, Mrs Eilau

Place of Business, 101 Gough St

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE BOARD OF HEALTH
MAR 5 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Reed

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 7 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 2 W 5 Pacific

Cause of Death, First (Primary,) Cynanosis

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 5th

Undertaker. F. N. Zoll

Place of Business, 131 Hanover St

J G Mauck M. D.
Medical Attendant.

Address, 202 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4. 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Gertie Mathews

~~Sex, Male or Female,~~ {Cross out the words not required in this line.}

Age, ~~_____~~ *Years,* 1 5 *Months,* ..... *Days*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, ~~_____~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 1 4 yrs

Place of Death, {Give street and number.} 84 Cider al

Cause of Death, {First (Primary,) Scald / Second (Immediate,) Emaciation}

Duration of Last Sickness, 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, Shap St Hill

Date of Burial, March 5. 78

Undertaker, Reacher Ross

Place of Business, 75 Conway St

Eastman *M. D.*
Medical Attendant.

Address, 319 Hock

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23873,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Harris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Hour *Years,* Six *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 68 Dickey St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, West Fun Cemetery

Date of Burial, 5th March

R E Jones M. D.
Medical Attendant.

Undertaker, John L Sudders

Place of Business, No 4 & 6 David Ave (Address, Woodberry Baltimore Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F. Kirby

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 125 N. Broadway

Cause of Death { First, (Primary,) Congestion of Heart
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 5th 1878

Undertaker, John Fry & Bro

Place of Business, Broadway

M. D.

~~Medical Attendant.~~

Address, Commissioners of Health

Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Investigation by Dr E. Geo Walls

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ March 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariah. Meader.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married.

Occupation, Washerwoman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot County.

Duration of Residence in the City of Baltimore, Seven Years.

Place of Death, {Give street and number.} 20 4 Parrish alley.

Cause of Death, {First (Primary,) Heart Disease.
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 5-th 1878

Undertaker, Wm. M. Dungee

Place of Business, 10 Stockton Aly

Marcus D. Hume, M. D.
Medical Attendant.

Address 288 N. Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo & Carrie Brashears

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltic City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 233 S Eutaw St

Cause of Death {First, (Primary,) Unknown

{Second, (Immediate,)

Duration of last Sickness, all its Life unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 5th 1878

Undertaker, C. Weigand

Place of Business, ~~53 Druid Hill Ave~~ *Address,* Comm of Health

I Hereby Certify, That I Attended Deceased from ~~March 3rd 1878~~ to March 3rd 1878, and that I last saw ~~Deceased~~ Child alive on March 3rd 1878, at 1 o'clock ~~P.~~ M. and that ~~Deceased~~ Child died on the date stated above, at 1 o'clock ~~P.~~ M. The Cause of Death was as stated above.

James A Lewis M. D.

Residence 1 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., BLANK BOOK MANUFACTURERS AND STATIONERS.

Incorrectly by Dr S. A Bell

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23876

The Physician who attended any person
out, to the Undertaker or other person superi
sooner, if requested so to do, under penalty

No Permit for Buri

CERTI

Date of Death, Ma

Full Name of Deceased, { Write legibly correctly. If not named, gi of parents.

Sex, ~~Male or~~ Female, { cross out the word n required in this line

Age, ——— Ye

Color, W

Married, Single, Widow or Widower

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 233 S Eutaw St

Cause of Death { First, (Primary,) Unknown
Second, (Immediate,)

Duration of last Sickness, all its Life unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 5th 1878 James A Steuart M. D.

Undertaker, C. Weigand

Place of Business, ~~53 Druid Hill Ave~~ *Address,* Comm of Health + Physicians

233 Se - Eutaw St -
The Child was not -
Still Born - Lived two
weeks - after birth -
and died on March 3rd -
1878 - (Cause of
death unknown - but
Supposed to be all right
— Bell —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Investigation by Dr S. A Bell —

[OVER.]

No. 2384

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyttleton Birnie

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 74 N Arch

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate,) d — Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, March 31st

Undertaker, John Henrici

Place of Business, 356 Cathedral St.

W. A. Tolson — M. D.
Medical Attendant.

Address, 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 23878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1878 BALTIMORE

Date of Death, March 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Benson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 1. *Months,* 18. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 29 Gittings

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Christ

Date of Burial, March 5th 1878

Undertaker, Armstrong & Denny

Place of Business, 263 W. Balto St

Sherlock Cords M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schleibaum

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 9 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ~~

Place of Death, {Give street and number.} 308 Alice Ave

Cause of Death, {First (Primary,) Trismus

Second (Immediate,) Paralysis cordis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cimetery

Date of Burial, March 6th 1878

{*Undertaker,* H M Gilmeyer

Place of Business, 341 Canton Av.

J Flathieu M.D.
Medical Attendant.

Address, 245 S. Milton Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Starks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Horse Jockey

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 279 S. Sharp St Baltimore

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 6 1878

{*Undertaker,* Jno H Toes / *Place of Business,* 151 W Fayette St}

Chas. O'Finn M. D.
Medical Attendant.

Address 466 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1878,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Parker

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester County, Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} no 5 S. Bethel st

Cause of Death, {First (Primary,) Apoplexy -

{Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March the 5th 1878

{*Undertaker,* William A Dungee

{*Place of Business,* 62 East St

Wm. E. Russell M.D.
Medical Attendant.

Address, 1 Broadway Bridge

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 5. 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Edmondson Isaac Isaac

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ~~~~ *Years,* One *Months,* ~~~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} #336 N. Broadway Infantile Institution

Cause of Death, {First (Primary,) / Second (Immediate,)} Congestion of Brain

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 9 1898

Undertaker, H. W. Mears

Place of Business, 45 N. Gay St

Geo. A. Harlman M.D.
Medical Attendant.

Address, #365 N. Carrollton St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or [illegible] ed, or sooner, if requested so to [illegible] by or law.

No [illegible] FOR BURIAL CAN BE OBTAINED [illegible] A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah E. Linn

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 14 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 212 Little Hughes St

Cause of Death {First, (Primary,) Erysepelas

Second, (Immediate,)

Duration of last Sickness, all ti Life

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, March 5th 1878

Undertaker L. LeGourde

Place of Business, Mount St *Address,* Comm'r of Health Forbes Str

M. D.

~~Postal Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. K. CLARKE & CO., BOOKBINDERS AND STATIONERS.

Prescription Dr S. A. Bell

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ed, or ...ent, to the Undertaker or ... ...ooner, if requested so to ...

No E...

Upon Enquiring I find That Lucy Lewis Child, Died of Syphilis, on March 3rd 1878 - at No 212 Hughes St Days. Had no Physician - It is to Late to bury it.

S. A. Bell M.D.

C.C.

Date of Death, ...

Full Name of Decea... .....

Sex, ~~Male~~ or Female, ...

Age, ...

Color, ...

Married, Single, Wi... .....

Occupation, ...

Birthplace, { State or co... long in the... If of foreig... .....

Duration of Resiten... .....

Place of Death, { Give... n... .....

Cause of Death { Fi... Se... .....

Duration of last Sickness, All his life

All the above Information should be furnished by the Physician.

Place of Burial, W. Pubbie Cem[illegible]

Date of Burial, March 5th 1878

Undertaker L. LeGourde

Place of Business, Mount St

Address, Comme of Health Registrar

M. D.

~~Attending~~ Consultant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Prosecution Dr S. A. Bell

PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the [illegible] below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR MAR 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5: 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna North

Sex, ~~*Male.*~~ *or Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, Pr. ~~*Sex,*~~

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 209 E. Balto

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Burial Ground J. K. Ray M. D.

Date of Burial, March 7th 1878 Medical Attendant.

Undertaker, Stewart & Mann Address 220 Linden Avenue

Place of Business, 35 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 23885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Littelo Vandusenurth

Sex, Male or Female, {Cross out the word not required in this line.} Male Vandusenurth

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Biddle st, 192

Cause of Death, {First (Primary,) Inflammation of brain

{Second (Immediate,) " "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, March. 7th 1878

{*Undertaker,* J. J. Andrews

{*Place of Business,* 476 D. Hill Ave.

Chas L Pennington M. D.
Medical Attendant.

Address 98 N Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23886.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Moore

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Falls

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 127 Durham

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 6 1878

Undertaker, John Locke

Place of Business, 56 West St

C. E. Wilkins M.D.

Med. & Obs. Medical Attendant.

Address, 775 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bernhard Seifert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5D *Years,* 5 *Months,* 5 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tavern Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Westphalia Prussia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 Fremont St

Cause of Death, {First (Primary,) Tavern Keeping / Second (Immediate,) Hemorrhage of bowels}

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, March 6th 1878

C Winslow M. D.
Medical Attendant.

Undertaker, Peter Kummer

Place of Business, 311 Mulberry St

Address 23 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
6
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kersher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria, Germany

Duration of Residence in the City of Baltimore, 12 yrs 9 m. & 26 yrs

Place of Death, {Give street and number.} City Hospital

Cause of Death, {First (Primary,) Mitral Regurgitation

Second (Immediate,) Dropsy.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 6th 1878

{*Undertaker,* B Hall

Place of Business, —

Chas P Eight M. D.
Resident Physician
Medical Attendant.

Address City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdeleine Strasbaugh

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 7 *Months,* 17 *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} York County Pensilvania

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, {Give street and number.} Home for the Aged Cor. of John and Valley Sts

Cause of Death, First (Primary,) Senile Dropsy

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, February 7th

Undertaker, Henry Schultheis

Place of Business, 261 East Monument St.

Jno Burke Boyle *M. D.*
Medical Attendant.

Address 166 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia M Brannan

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 6th 78

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Address,

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Green

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 111 N. Dallas St

Cause of Death { First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Saml Powell M. D.
Medical Attendant.

Address, No 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Scott.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 *Years,* 8 ~~10~~ *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1. Carlton St

Cause of Death, {First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Annarondel Co Md

Date of Burial, March 6 1878

Undertaker, William Monge

Place of Business, No 10 Stockdale Alley

A. H. Bohn M.D.
Medical Attendant.

Address 545 Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, [illegible] in cases of births and deaths of illegitimate children.

Sunset 1028

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Annie A Davis

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} W Balto St 534

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate.)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, March 7th 1878

J H E Worth M. D.
Medical Attendant.

{*Undertaker,* John F Andrews

{*Place of Business,* 164 & 166 Druid Hill Avenue *Address* No 28 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Bishop

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 435 W. Lombard

Cause of Death, First (Primary,) Chronic Diarrhea

Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 7

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore

Edwd. F. Michelbacher M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23895, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. A. Waters.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* two *Months,* — *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give street and number.} 5th Parrish alley.

Cause of Death, {First (Primary.) Convulsions. / Second (Immediate.)}

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Country

Date of Burial, March 9th 1878

Undertaker, Wm. C. Ellsworth

Place of Business, Cor Madison & Pine City

Marcus D. Hume M.D.
Medical Attendant.

Address 288 N. Strickert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Brink.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 348 S. Eutaw

Cause of Death, {First (Primary,) Brain Fever

Second (Immediate,) Inflammation of Brain

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, March 8th 1878

Undertaker, John J. Andrews

Place of Business, No 416 Druid Hill Avenue

G. W. Miller M. D.
Medical Attendant.

Address 131 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lyons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 175 Front St

Cause of Death, {First (Primary,) Diagnosis not made out

Second (Immediate,) Only saw her a few days before death

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 6 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

J D Parker M. D.
Medical Attendant.

Address 152 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

Date of Death, March 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hirter

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 44 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 8 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Secondary & Tertiary Syphilis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, B. Mt Vernon Cemetery

Date of Burial, March 7th 78

Undertaker, I D Rainey

Place of Business, 136 E Fayette

Byrne M. D.
Medical Attendant.

Address, Visiting Physician
Hebrew Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Abner Brown

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* Seven *Months,* Fourteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 243 Pierce Street.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheria

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Lowden Park Cemetery

Date of Burial, March 6 1878

Undertaker, John McCaull

Place of Business, No 90 Pearl St

A. C. Fox M.D.
Medical Attendant.

Address, 154 Pennsylvania Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878 10 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Cox

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Brown *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse & Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Six (6) years

Place of Death, {Give street and number.} No 40 Davis st

Cause of Death, First (Primary,) Phth = Pul =

Second (Immediate,) Asthenia

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Comfort

Date of Burial, March 6

Undertaker, Abram Wayman

Place of Business, 30 Saratoga st

N. S. Keirle M. D.

Medical Attendant.

Vi-Phy. Balto Special Dist.

Address N.E. cor of North & Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 6th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W.m Farland

~~Sex~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plasterer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Chester Co. Pa

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} N. Ann St

Cause of Death, {First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Asthenia

Duration of Last Sickness, Six Years.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Mar 8th 1878

Undertaker, Adam Fink

Place of Business, 461 North Gay

W. J. Reilly M.D.
Medical Attendant.

Address, 235 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
6
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Richardson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Harford County - Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 268 Aliceanna St

Cause of Death, First (Primary,) Chronic Gastritis.

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Penn Cemetery

Date of Burial, March the 6th 1878

Undertaker, William A Dungee

Place of Business, 62 East Lee St

Wm. Lee Larmore M.D.
Medical Attendant.

Address, Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23903. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1878

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Trouble

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Fifty-Two *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 52 yrs

Place of Death, {Give street and number.} Corn + Eutaw Sts

Cause of Death, {First (Primary,) Compression of brain

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 7th 1878

{*Undertaker,* Wm. H. Hopkins

{*Place of Business,* 24 S. Gay St.

D. C. Ireland M. D.
Medical Attendant.

Address, Corner E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M Brown

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and number.} 117 N Stricker

Cause of Death, {First (Primary,) / Second (Immediate,)} General debility. (had no Physician)

Duration of Last Sickness, 14 Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 7th 1878

Undertaker, John Strecker

Place of Business, 130 Concord

Geo C Pyle Coroner M.D.
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andreas Dorfel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, fifty old *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 11 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Weber Alley

Cause of Death, First (Primary,) Angina Pectoris 1 hr

Second (Immediate,) Excessive Pain one night

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, A. Protest. Cemetery

Date of Burial, March 7th

Undertaker, B. Hank

Place of Business, 411 High Street

C. Liebmann M. D.
Medical Attendant

68 N. Front St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23906

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* nfter the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Hahlert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 7 *Years,* 7 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 122. Fulton Street

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Ex. of Pericardium

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, March 7. 1878

H H Atkinson M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt st *Address* 146 Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward T ~~Lee~~ Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 Years, 1 Months, Days.

Color, Colored

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 103 Chesnut Alley

Cause of Death, First (Primary,) Inflammation of Stomach & Bowels

Second (Immediate,) " "

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7th 1878

Undertaker, J. M. James Gray

Place of Business, 65 Mulberry St

John D Pennington M. D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

Date of Death, March 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm A Justice.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 196 Lexington st.

Duration of Residence in the City of Baltimore, 196 days.

Place of Death, {Give street and number.} 196 Lexington

Cause of Death, {First (Primary,) ____ Second (Immediate,) Congestion Bronchitis.

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 7th 1878

J. G. Matthews M. D.
Medical Attendant.

{*Undertaker,* Wm S Service
{*Place of Business,* 211 N Eutaw st *Address*

Ser. by Dr. Matthews.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Foundling

Birthplace, {State or country (and how long in United States, if of foreign birth.)} House 8 days

Duration of Residence in the ~~City of Baltimore~~,

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 8. 1878

Undertaker, Saml Bowen

Place of Business, 152 Division St.

Mahony Brewer M.D.
Medical Attendant.

Address, 201 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm V. Clark

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 16 *Years,* 11 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, School-boy

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. & Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 249 N. Eutaw

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Collapse

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Mch 8/78

Undertaker, Newell & Mowen

Place of Business, 30 Park Ave.

Wm. B. Latimer M.D.

Medical Attendant.

Address, 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anastasia Nowak

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 48 Lancaster St

Cause of Death, First (Primary,) Tetanus

Second (Immediate,) ...

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, 7 March 1878

Undertaker, John C. Schuch

Place of Business, 205 Hanover

John H. Rehberger M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

Date of Death, March 6,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine L. Tinpel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 274 Hanover st

Cause of Death, {First (Primary,) Hypertrophy of the Heart

Second (Immediate,) Phthisis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery | Theodore Ortle M. D.

Date of Burial, March 8th | Medical Attendant.

{*Undertaker,* Henry Brice

Place of Business, Lemmitta & Alt | *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2393.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 7 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Garrett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty two *Years,* ——— *Months,* ——— *Days.*

Color, colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard Co. Md.

Duration of Residence in the City of Baltimore, Twenty-four years.

Place of Death, {Give street and number.} 67 Fulton st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 8 1878

{*Undertaker,* S. H. Chase
Place of Business, 174 S. Howard and 21

Dr Lancey H Barclay *M. D.*
Medical Attendant.

Address Cor Conway & Sharp sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 23914.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B. Clemson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, ~~or Single or Widow~~, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 43 Washington St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Six months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7th 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Thomas J. Evans, M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Kirchhof
Unnamed Infant

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, ~~——~~ *Years,* ~~——~~ *Months,* 10 minutes *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ~~——~~

Occupation, ~~——~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bullo Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 N. Amity

Cause of Death, {First (Primary,) Probably the Malpraxis brought on a
Second (Immediate,)} premature labour by the Rheumatism

Duration of Last Sickness, 10 minutes

All the above information Physician. Born at end of 8th Mo of Gestation

Place of Burial, Lutheran Cemetery

Date of Burial, 3d 8th aft

Undertaker, H Meyer

Place of Business, 106 May Flower

Thomas Opie M.D.
Medical Attendant.

Address, 396 N. Fayette
Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23916

The Physician who attended at [illegible] out, to the Undertaker of other pers[illegible]ding the burial, within [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Laty

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 88 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 37 N. Broadway

Cause of Death First, (Primary,) old age

Second, (Immediate,) Gen Debility

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, Mch 7 1878

Undertaker, John H. Weaver

Place of Business, W. Fayette St *Address,* Comm of Health

M. D.

~~Medical Attendant.~~ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Dr. Rankin Balto Co Md

No. [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23916

The Physician who attended a[t] *out*, to the Undertaker of other pers[on] sooner, if requested so to do, under

No PERMIT F[ROM]

CE[RTIFICATE]

Date of Death, ...

Full Name of Deceased, { W[rite] cor[rectly] no[r] of

Sex, ~~Male or~~ Female, { cross out required

Age, 88

Color, ...

~~Married, Single,~~ Widow ~~or~~

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 37 N. Broadway

Cause of Death { First, (Primary,) Old age & Gen Debility

{ Second, (Immediate,)

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, Mch 7 1878

Undertaker, John H. Weaver

Place of Business, W. Fayette St *Address,* .....

..... M. D.,

Medical Attendant.

Comm of Health
& Registrar

Baltimore City, ss:

This is to certify that I visited Latty - died from gen debility & old age

R. S. Rankin M.D.

MAR 7 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr. Rankin Balto Co Md

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2391 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. March 6th 1878

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lotta

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 22 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cigarmaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 54 S. Fetterman Park Ave

Cause of Death, {First (Primary,) Typhoid Abdominalis / Second (Immediate,) Collapsus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cimetary

Date of Burial, March 8th 1878

{*Undertaker,* Fred Gaede / *Place of Business,* 29 South Caroline St.

J Whitridge M.D.
Medical Attendant.

Address. 24 St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Thies.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 5 *Months,* 11 *Days.*

Color, white *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cigar manufacturer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen, Germany, since 2 years in U.S.A.

Duration of Residence in the City of Baltimore, six years.

Place of Death, {Give street and number.} N.W. Corner of Durham and Bank St.

Cause of Death, First (Primary,) Peritonitis spinalis.

Second (Immediate,) Tabes mesenterialis.

Duration of Last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary Lot. Sec. Lot.

Date of Burial, March 11th 4 Oclock

M. D.
Medical Attendant.

Undertaker, Henry Bein

Place of Business, 252 Alice Anne St. *Address* 42 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23919.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Mc Donald

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 42 Constitution st cor of Fells st

Cause of Death, First (Primary,) Exposure & cold

Second (Immediate,) Pneumonia

Duration of Last Sickness, (5) ~~three~~ days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 8 1878

James A Steuart M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 E Fayette St *Address* 93 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23920,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 7 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May L. Kreis

Sex, Male or Female, {Cross out the word not required in this line.} f

Age, 11 *Years,* 2 *Months,* 12 *Days.*

Color, W *Sex,* f

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 318 Myrtle av

Cause of Death, First (Primary,) Hip Disease

Second (Immediate.) Convulsions

Duration of Last Sickness, Nearly three years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 9th 1877

Undertaker, Geo Groeninger

Place of Business, Residence No 111 Druid Hill Ave

Richard McSherry M. D.
Medical Attendant

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23921

The Physician who attended any person in [illegible] out, to the Undertaker or other person superintending the [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Nutt

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number} On Board W. J. Carroll (Schooner (in Basin)

Cause of Death {First, (Primary,) Diphtheria

{Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Mch 7 1878

Undertaker, C. Steepen

Place of Business, E. Pratt St *Address,* Commrs of Health & Registrar

M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. MURPHY & SON, CITY PRINTERS AND STATIONERS.

Investigation by Dr J. F. McShane

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23921

The Physician who attend[illegible]
out, to the Undertaker or other[illegible]
sooner, if requested so to do, [illegible]

No PERM[illegible]

Robert Hutt, Colored. Single
Sperm - Single - Belongs to Lau-
retes County - Virginia - Been Sick
About 8 days - Occupation Seaman
Cause of Death - Diphtheria
Jesse A. Shane M.D.

Date of Death, [illegible]

Full Name of Deceased, [illegible]

Sex, Male ~~or Female~~, {cross requ[illegible]

Age, 18 [illegible]

Color, [illegible]

~~Married~~, Single, ~~Widow~~[illegible]

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number} On Board W. J. Carroll (Schooner (in Baptism)

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) 8 days

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, March 7 1878

{ Undertaker, C. Sheepers
Place of Business, E. Pratt St Address, Coroners of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Investigation by Dr J. F. McShane

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 7 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Cruse

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 89 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ellicotts Mills Howard Co. Md.

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give street and number.} 421 Canton Ave

Cause of Death, {First (Primary,) Senile decay

Second (Immediate,)

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 8 1878

Undertaker, W C Watchman

Place of Business, 191 S Bond St.

James S. A. Shane M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23923,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR. 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Nelson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} North Carolina

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt. Infirmary cor Lombard & Eutaw

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 3d 1878

Undertaker, Fred'k A Kuehn

Place of Business, 508 Carrollton Ave

T. A. Ashby M.D.
Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 2 P.M. March 6th 1898.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H. Green.

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 20 *Years,* 3 *Months,* 5 *Days.*

Color, White *Sex,*

~~Married,~~ *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.} Single

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 152. E. Baltimore St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Relapse on Indigestion

Duration of Last Sickness, Several weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 8. 1898

{*Undertaker,* / *Place of Business,*} M. A. Daiger

Address 23. S. Broadway

James J. Cockell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Hudson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 196 Hamburg St.

Cause of Death {First, (Primary,) ..... Second, (Immediate,) Atelectasis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 8, 78

Undertaker, Archer & Ogs

Place of Business, 9 Conway St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 4 a m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Liopold Fuchs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 0 *Months,* 0 *Days.*

Color, white *Sex,* x

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tyler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three Years.

Place of Death, {Give street and number.} No 166 Burgh a. St

Cause of Death, First (Primary,) Hamorige

Second (Immediate,) Consumption

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery — John L Fitzer **M. D.**

Date of Burial, March 10th 1878 — Medical Attendant.

Undertaker, Ph. Steward

Place of Business, 35 S. Eutaw St — Address 81. Nord. Eutaw Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Justus Post

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 4 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} No 211 W. Pratt St

Cause of Death, First (Primary,) Valvular Heart disease

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th

Undertaker, H Boiler

Place of Business, Henrietta St 81

L. C. Buck M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23,928.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Alberta Green

Sex, ~~*Male or Female,*~~ {Cross out the words not required in this line.}

Age, One *Years,* *Months,* twelve *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 76 S. Mount St.

Cause of Death, First (Primary,) Congestion of Lungs & Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 9th 78

Undertaker, Fred L Deets

Place of Business, 788 W. Baltimore St.

D. G. Smithwick M.D.
Medical Attendant.

Address, # 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Holy Cross

Date of Burial, Mar 9th

..... *M. D.*
Medical Attendant.

Undertaker, M. Coleman & Son

Place of Business, 64 E. Baltimore St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on bac

Board of Health, City of Baltimore,

Permit No. 25930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Klare

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 73 *Years,* 8 *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number.} 74 Park Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} was found dead in bed, no evidence of Cause of death, was demented, death I think was the result of Natural causes.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th

Undertaker, H Meyer ~~106 Hanover~~

Place of Business, 106 nort Hanover Address.

Geo C Ogle Coroner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY ▲ FILM

Investigation by Dr. [illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th[illegible]

Board of Health, City of Baltimore,

Permit No. 23931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

of Death, March 8 1878.

ll Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archibald Nicholson

, Male or Female, {cross out the word not required in this line.} Male

105 Years, — Months, — Days.

Black

~~ried, Single, Widow~~ or Widower, {Cross out the word not required in this line} ~~Widower~~

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Alley between Jefferson & McElderry St

Cause of Death { First, (Primary.) Old Age
, { Second, (Immediate,)

Duration of last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, W. H. Hickman

Date of Burial, March 9 1878

Undertaker, Chas. S. Crewes

Place of Business, N. Gay St

James A. Steuart M. D.
~~Medical Attendant.~~

Address, Comm. of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Investigation by Dr. [illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 23931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness [illegible]

23931

Case on A Alley Nicholson
correct as stated

E. J. Walls
Health Warden
5th & 6th Wards

Mch 8th 1878

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Alley between Jefferson & W. Eldorado

Cause of Death { First, (Primary,) Old Age
Second, (Immediate,)

Duration of last Sickness, 11

All the above information should be furnished by the Physician.

Place of Burial, W. H. Hickman

Date of Burial, Mch 9 1878. James A Steuart M. D.
~~Medical Attendant.~~

{Undertaker, Sharp & Crawley
Place of Business, N Gay St. Address, Comm of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23937 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Handell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years. 3 Months, 15 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 110 Bonaparte St.

Cause of Death, First (Primary,) Inflammation of the Spine

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C.L

Date of Burial, March 9. 1878

Undertaker, Henry Koch

Place of Business, 319 Central Ave. *Address* 20 Maryland Ave

I. N. Mills M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23933,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 7th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leggie Rowe

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 4 *Years,* 3 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, Age Year

Place of Death, {Give street and number.} No 5 Race St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th

Undertaker, F. N. Troll

Place of Business, 131 Hanover St

I Gilmore M.D.
Medical Attendant.

Address, 208 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
8
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jodson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Nineteen *Years,* eight *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter in bar room

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 21 Eden St East

Cause of Death, First (Primary,) Hemorrhage Pulmonary Tuberculosis

Second (Immediate,) Pulmonary Tuberculosis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1878

Undertaker, Theodore J. Locks

Place of Business, 516 Jefferson St

Physician *M. D.*

Medical Attendant.

Address 1152 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Mainly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 346 E. Fayette st.

Cause of Death {First, (Primary,) Cardiac Nervousness

{Second, (Immediate,) Anasarca

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 9th

Undertaker, Fry & Son

Place of Business, 134 N Broadway

G. Glanville Lusk M. D.
Medical Attendant.

Address, Balt. & Mad. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS[redacted]

Permit No. 23936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1878 BALTIMORE

Date of Death, March 7 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret [redacted]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, One Months, Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 5 7 8. Ten one

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 7 8 - Ten one

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 - weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 8th 1878

{*Undertaker,* Andrew Reilly

Place of Business, 118 Druid Hill Ave

H. L. Hunt M. D.
Medical Attendant.

Address Cor Pratt & Paca Sts City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Della Bohrer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 8 *Months,* 2 *Days.*

Color, Dark Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} No 1 Parish Al bet Townsend & Monkton

Cause of Death, {First (Primary,) Chronic Liver Complaint

Second (Immediate,) Dropsy

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pauble's Cemetery

Date of Burial, March 8th 1878

{*Undertaker,* L. La Gourdes

Place of Business, Mount St

B F Bohrer *M. D.*
Medical Attendant.

Address Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Emeline Sinnett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Eighteen *Years,* *Months,* *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 281 Canton Avenue,

Cause of Death, First (Primary,) ....

Second (Immediate,) Consumption,

Duration of Last Sickness, One year,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, 8 March 1878

Undertaker, Chas. Schlenker

Place of Business, 214 East Lowne

Nicholas L. Dorsett M.D.
Medical Attendant.

Address 217 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 9 1878

Date of Death, March 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Sapp

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 14 *Years,* 2 *Months,* *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} № 363 McHenry Alms House

Cause of Death, First (Primary,) Tubercubris } Consumption.
Second (Immediate,) Dropsy }

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 9

Undertaker, P P Cook

Place of Business, 707 West Baltimore

John Hood *M. D.*
Medical Attendant.

Address, 1 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23940.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Russell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent Co. Md.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Fremont & Pierce sts

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, June 8 1878

J. W. C. Andre, *M. D.*
Medical Attendant.

{*Undertaker,* P. Kummel

Place of Business, Mulberry St *Address* 383 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Franklin 1027

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Squire T. Reese, Jr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 2 *Months,* 7 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Minister of the Gospel

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Greater part of life

Place of Death, {Give street and number.} 156 Monroe St Baltimore

Cause of Death, First (Primary,) Organic disease of heart

Second (Immediate,) Asthenia

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, St Alices Cemetery E. Dunghey M. D.

Date of Burial, March 10th 1878 Medical Attendant.

Undertaker, John Thacher

Place of Business, Park Liberty Address 64 William

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard H. Gainor

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 8 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 2 . 8 . 17 .

Place of Death, {Give street and number.} 20 Sterritt St.

Cause of Death, First (Primary,) Dysentery, Acute

Second (Immediate,) Spasms

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 9th 1878

Undertaker, Dawson & Dorsey

Place of Business, 263 Light St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 23943

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Insel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, Mulatto

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.} Widower

Occupation, Acob Doctor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 2 Rockett Court

Cause of Death, {First (Primary,) Phthisis in Ano
Second (Immediate.) Pontialis
3 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9 1878

{*Undertaker,* Hercules Ross
Place of Business, West St

Geo. H. Benson M.D.
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton E Linney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 19 Dunkerry alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ____

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8 1878

Undertaker, William Stange

Place of Business, No Stockdale Alley

R K Kinnear *M. D.*

Medical Attendant.

Address 53 Hill Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23945.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah E. Wiseman.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* Nineteen *Days.*

~~Color,~~

~~Married, Single, Widow or Widower,~~ {~~Cross out the words not required in this line.~~}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} At 362 S. Durham St

Cause of Death, {First (Primary,) Pneumonia, afterwards} {Second (Immediate,) became double.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9, 1878

Undertaker, Henry Keech

Place of Business, 364 Central Ave

W. B. White M. D.
Medical Attendant.

Address 364 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Barnabas Sing

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} X

Age, 85 *Years,* *Months,* *Days.*

Color, White *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. always

Place of Death, {Give street and number.} 211 Scott St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Debility

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 10th 1878

Wm G Knowles M. D.
Medical Attendant.

Undertaker, Jas H. Lowe

Place of Business, 598 W. Balto St *Address* 55 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE MD

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Bode

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1713 North Gay Street

Cause of Death, {First (Primary,) Atelectasis from Inanition

Second (Immediate,) Atelectasis

Duration of Last Sickness, since birth

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th 1878

Undertaker, Henry Hoeck

Place of Business, 309 Central Avenue

D Riselmer M. D.
Medical Attendant.

Address, S E Cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth King

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 26 — *Years,* — *Months,* — *Days.*

Color, White *Sex,* Feminine

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 1171 No Sharmont St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Rivet

Date of Burial, March 10

Undertaker, C H Bogard

Place of Business, 201 Penn Ave

Robert H. Mc[illegible] M. D.
Medical Attendant.

Address 83 North Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23949

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca A. Reese.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 64 *Years,* 10 *Months,* 5 *Days.*

Color,

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Cty.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 William St.

Cause of Death { First, (Primary,) / Second, (Immediate,) } Softening of the Brain about 3 years.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 11th

Undertaker, Wm J. McKeon

Place of Business, 65 S. Eutaw

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter H. Jefferson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, One *Years,* One *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 21 Hampstead, N

Cause of Death, First (Primary,) Acute Rheumatism

Second (Immediate,) Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, March 10 1878

Undertaker, Charles A White

Place of Business, 35 Cranby St

Wm. L. Purnell *M. D.*
Medical Attendant.

Address, Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 23951

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A [illegible] CATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V Butler

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Colrd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Stockton alley 1 door N of Franklin St

Cause of Death {First, (Primary,) Second, (Immediate,)} Pneumonia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 10 1878

Undertaker, Saml W Clagett

Place of Business, S. Howard St *Address,* Comm of Health Registrar

~~*Medical Attendant.*~~ *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Investigated Dr John T King

No. 23951

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible]

116 E Lexington

HEALTH DEPT. MAR 9 1878 BALTIMORE

This is to certify that one of twin male child aged 11 months died of Pneumonia at House on Stockton St. 1 door N. of Franklin March 8. 78

The Parents not being married the ordinary form was not given.

Ordinance -

Section 2nd "That whenever any person shall die in the said city it shall the duty of the Physician who attended ---- to furnish a certificate ---- except in cases of births & deaths of Illegitimate children"

J. J. King M.D.

Place of Burial, [illegible]

Date of Burial, March 10 1878

M. D.

Undertaker, David W Clagg

Place of Business, S. Howard St. Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Investigation by John T. King

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis

Sex, Male or Female, {Cross out the words not required in this line.} [illegible]

Age, 44 *Years,* [illegible] *Months,* ..... *Days*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country (and how long in United States, if of foreign birth.)} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 6 Eagle St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) .....

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Eastern Cem

Date of Burial, March 9 1878

Undertaker, S. W. Chase

Place of Business, Howard St

Col. Medical Attendant. *M. D.*

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAR 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* About 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, Near 14 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Marasmus; Second (Immediate) .....}

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 11. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St.

Charles Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Illegitimate

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) .....

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 11. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St

Mahlon Brown M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Stumpf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Married, Widowed~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 95 N. Caroline Street

Cause of Death, First (Primary,) Supposed to be suffocation by Gas escaping

Second (Immediate,) or death. She was found dead when no called.

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centre.

Date of Burial, March 11. 1878.

James E. Linville M.D.
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

Address 299 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mary Christian Rye - died March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Thatcoal-st

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Batt Cemetery

Date of Burial, March 10-1878

Undertaker, J. B. Blackistan & Son

Place of Business, 606 Balt St

John Neff M. D.

Medical Attendant.

Address 538 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 9 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 9th 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sawyer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Seventy five *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Midwifery

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Frederick Co Maryland

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No 373 West Street

Cause of Death, First (Primary,) Nephritis Brain & Thorax

Second (Immediate,) Convulsion

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Woodstock

Date of Burial, March 11th

Undertaker, [illegible]

Place of Business, [illegible]

L. Dorsey M. D.
Medical Attendant.

Address, No 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 23958

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Di... ...ate.

COPY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances L. Bailey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 4 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} in Courtyear of 20 Jordan Alley

Cause of Death First, (Primary,) Entero Colitis

Second, (Immediate,) Inanition

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 9th 1878

M. D.

~~*Physician's Attendant.*~~

Undertaker, W. H. Bishop

Place of Business, Druid Hill Ave *Address,* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No 23958

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List 4 Pa... ate.

Board of

Permit No. 23958

The Physician who attended any pers... *out*, to the Undertaker or other person sup... sooner, if requested so to do, under penalt...

No Permit for Bu...

CERT...

Date of Death, Mar...

Full Name of Deceased, { Write legib... correctly. not named, of parents.

Sex, ~~Male~~ or Female, { cross out the word... required in this li...

Age, ~~——~~ Ye...

Color, Colo...

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of ...

Place of Death, { Give street and number } ...

Cause of Death { First, (Primary,) ... Second, (Immediate,) ...

Duration of last Sickness, 2 ...

All the above information should be furnishe...

Place of Burial Laurel ...

Date of Burial, Mch 9 ...

{ *Undertaker,* W. H. ... *Place of Business,* Dru...

Extract from Regulations of ... Vital...

Section 2. And be it further enacted a... duty of the Physician who attended during h... furnish within forty-eight hours after the deat... ting forth as far as the same can be ascertaine... son deceased, and the cause and date of death...

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

COPY

—OF—

CERTIFICATE OF DEATH.

(To be Retained by Physician.)

Date of Death, March 8th 1878

Name of Deceased, Frances Cornelia Bailey

Sex, Male or Female, Female

Age, about 4 mo 11 days

Color, [illegible]

Occupation, Bishop

Birthplace, Balto

Duration of Residence in B. C. 4. 4

Place of Death, in court in rear of 20 Jordan alley

Cause of Death, { First, (Primary,) Entero-Colitis Second, (Immediate,) Marasmus

Duration of Last Sickness, 2 weeks.

REMARKS:

I have no blanks, please send me a num[illegible] by the bearer

W. H. Winebourne
231 N. Biddle St

HEALTH DEPART... JAR 9 1878 BALTIMO...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Bourke

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 42. *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number} 92. S. Carey St

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,)

Duration of last Sickness, About two Mths

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetary

Date of Burial, March 11th 1878

D. R. McAnew M. D.
Medical Attendant.

Undertaker, J. Blevit

Place of Business, 147 W. Baltimore St, *Address,* 582 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 23960

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Keene

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 64 S Paca st

Cause of Death, First (Primary,) .....

Second (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 10th 1878

Undertaker, J. P. Cook

Place of Business, No 107 W. Baltimore St.

L. Hatton *M. D.*
Medical Attendant.

Address 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Middleton

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and number.} 217 N. Durham st.

Cause of Death, First (Primary,) Intussusception

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, March 10 1878

Undertaker, Thos J Locke

Place of Business, 57 Jefferson

W. B. O'Reilly M.D.
Medical Attendant.

Address, 235 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Augustus.

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, 85. *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 5 Half Moon Alley.

Cause of Death, {First (Primary,) / Second (Immediate,)} Erysipelas with Typhoid Complication

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, March 11th 1878

Undertaker, John L. Weaver

Place of Business, # 22 W. Fayette St

Geo. H. Kayser M.D.
Medical Attendant.

Address, # 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1878 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob S. Fox

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* / *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 279 Orleans st

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 279 Orleans St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diptheria — Nine Days —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Felt Point Cemetery James A Steuart M. D.

Medical Attendant.

Date of Burial, March 11th 78

{*Undertaker,* Wm Eibert / *Place of Business,* 101 Gough St} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Jane Dickerson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, One *Years,* 6 *Months,* 10 *Days*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} in Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N Durham No 15

Cause of Death. First (Primary,) Teething Diarhoea

Second (Immediate,) Marasmus Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11th 1878

Undertaker, Wm N. Dungan

Place of Business, No 62 East St

E G Baldwin M.D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 72 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* Female —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, her whole lifetime —

Place of Death, {Give street and number.} Rural Home of the Infirmary N. Broadway

Cause of Death, First (Primary,) Old Age & Dead Decease —

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 11, 1878

Undertaker, M. A. Daiger

Place of Business, 94 S. Broadway

H. D. Slavin M. D.
Medical Attendant.

Address Rural Home & Infirmary N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Diett.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 51 *Years,* 9 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne Co. Md

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} # 114 Welsh Alley

Cause of Death, First, (Primary.) Ovarian Tumor

Second, (Immediate,) Prostration

Duration of last Sickness, About 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, 9th of march

Undertaker, Thel. B. Locke

Place of Business, 56 Jefferson St *Address,* 161 E. Pratt St.

L. A. Bell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Joseph Baker

~~*Sex,* Male or Female~~, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow,*~~ *or Widower,* {Cross out the words not required in this line.} Widower

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, All his life time

Place of Death, {Give street and number.} Church Home & Infirmary N. Broadway

Cause of Death, {First (Primary,) Cerebritis

Second (Immediate,)

Duration of Last Sickness, 3rd week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount V. Cem. J. B. Hart M. D.

Date of Burial, March 11th 1878 Medical Attendant.

Undertaker, Lemuel D. Maven *Address* Church Home & Infirmary

Place of Business, 35 Saint Paul St. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 23968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3rd Mch 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Solomon

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 83 years

Place of Death, {Give street and number} 11 64 W Monument St.

Cause of Death, First, (Primary,) Paralysis Right side

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemtry

Date of Burial, 12th March 1878

Wm Riley M. D.
Medical Attendant.

Undertaker, H. M. Deutsch Son

Place of Business, 16 Light St

Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2396[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23969

The Physician who attended any person in [illegible] responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending burial, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Netter

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 52 Josephine St

Cause of Death {First, (Primary,) Second, (Immediate,)} unknown Natural Causes

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 11, 1878

Undertaker, S W. Chase

Place of Business, 198 S. Howard

James Tilden M. D.

Address, Commrs of Health Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Investigation by Dr. H. Darling

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23969

The Physician who attended ap[illegible] is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other p[illegible] sooner, if requested so to do, un[illegible]

No PERMIT [illegible]

C[illegible]

Date of Death, [illegible]

Full Name of Deceased, {Furnished by the Physician not named, give names of parents.}

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ *Undertaker,* / *Place of Business,*

City of Baltimore.

52 Josephine Stut

Not Known as I did not attend the case

[illegible] but I believe from Natural Causes

About two [illegible]

H Darling M. D.

Medical Attendant.

Address 252 Lexington Stut

Balto City

Life

52 Josephine St.

First, (Primary,)

Second, (Immediate,) Unknown Natural

about 2 weeks

St. Peters Cem

March 11, 1878

James Aitken M. D.

Medical Attendant.

S W. Chase

198 S. Howard

Address, Commis of Health

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Investigation by Dr. H. Darling

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 9/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel M. Hartsock,

Sex, Male or Female, {Cross out the words not required in this line.} Male,

Age, 6 *Years,* 8 *Months,* 12 *Days*

Color, White,

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington D C

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give street and number.} 178 Penna. Ave

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) "

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 11

Undertaker, C & W Blizzard

Place of Business, 201 Penn Ave

H. K. Detterhoff M.D.
Medical Attendant.

Address, 77 George St,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coach Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 291 E Fayette st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 1 yr 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Mch 12 1878

John T. Connor M.D.
Medical Attendant.

Undertaker, R. Renwick & Son

Place of Business, Howard St

Address 286 E. Pratt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 11 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthaeo Lopinto

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Italy

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 84 S. Charles St

Cause of Death, First (Primary,) Gangraena senilis (left leg)

Second (Immediate,) Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 14th 1878

Undertaker, Jas P Boyle

Place of Business, 63 Front St

A Mathieu M.D.
Medical Attendant.

Address, 245 S. Bltmore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23973

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th March 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catiche La Brient

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 79 - *Years,* ..... *Months,* ..... *Days.*

Color, Black -

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Nurse -

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} San Domingo -

Duration of Residence in the City of Baltimore, about 70 years -

Place of Death, {Give street and number.} No 26 Jones Alley -

Cause of Death, First (Primary,) Atrophy or Marasmus

Second (Immediate,) Senile Marasmus -

Duration of Last Sickness, about three years.

All the above Information should be furnished by the Physician.

Place of Burial, New. Cathedral

Date of Burial, March the 11th/87

Wm Chas Bibbins M. D.
Medical Attendant.

Undertaker, William J. Gray

Place of Business, 65 Mulberry St

Address 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 9 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ann Spalding

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 81 *Years,* *Months,* *Days.*

Color, W *Sex,* F

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 N Eutaw St

Cause of Death, First (Primary,) Advanced Age

Second (Immediate,) Senile Bronchitis

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, March 12/78

Undertaker, A W Perkins & Son

Place of Business, 16 Light St,

Richard L Sheppard M. D.
Medical Attendant.

Address 189 W Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1878 BALTIMORE

Date of Death, March 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling House

Duration of Residence in the ~~City of Baltimore~~, 10 days

Place of Death, {Give street and number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Spasm

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 12. 1878

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Marbury Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 6 days

Place of Death, {Give street and number.} St. Vincents Infant asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 12. 1878

Undertaker Saml Bowers

Place of Business, 156 Division St.

Martin Brewer M.D.
Medical Attendant.

Address, 2010 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 2377

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1878. 7 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sentoune

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 54 E. Pickel Street

Cause of Death, First (Primary,) Burned from Coal Oil

Second (Immediate,)

Duration of Last Sickness, Not more than 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, March 11. 1878.

Undertaker, J. D. Rossing.

Place of Business, 136 E. Fayette St. *Address* 202 E. Pratt St.

James E. Kindell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 23978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter L Raleigh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 11 Years

Place of Death, {Give street and number.} 196 Mulberry strait

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, About 1 Year

All the above Information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, March 12th 1878

Undertaker, Jas H. Coane

Place of Business, 598 W Balto St

Henry Darby M. D.
Medical Attendant.

Address 252 Lexington strait

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23979

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 11 1878

Date of Death, March 10th 1878

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Inwright Dean

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, Sixteen *Years,* *Months,* one *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, School Boy

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} ~~#~~ 880 N. Pratt St.

Cause of Death, {First (Primary,) "Typhoid Fever"

Second (Immediate,) from days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, March 12th, 78.

Undertaker, I. P. Parlett

Place of Business, #66 Fredk Av.

J. G. Linthicum M.D.

Medical Attendant.

Address, ~~#~~ 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 103

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1878 BALTIMORE

Date of Death, March 11 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhemina Schroder

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 52 *Years,* — *Months,* 11 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 72 Baltimore Avenue

Cause of Death, {First (Primary,) — Second (Immediate,)} Brights Disease of the Kidney

Duration of Last Sickness, 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetary

Date of Burial, March 12th 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Thos. Ford M. D.
Medical Attendant.

Address Same

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Walker

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, Col

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House work

Birthplace, {State or country (and how long in United States, if of foreign birth.)} South Carolina

Duration of Residence in the City of Baltimore, three months

Place of Death, {Give street and number.} 117 Sarah Ann St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Congestion of the lungs

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11 1878

Undertaker, John C Gordon

Place of Business, 1163 Park St

W W Martin M. D.
Medical Attendant.

Address, 192 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23982

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1878 BALTIMORE

Date of Death, March 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Ann Oneil

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Cork Islande

Duration of Residence in the City of Baltimore, over twenty years

Place of Death, {Give street and number.} Home for the aged Cor of John and Valley Sts

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, ~~Healy Cross Cemetery~~ St Peters Cemetery

Date of Burial, March 12th 1878

Jm. Brooke Boyle M. D.
Medical Attendant.

Undertaker, ~~Henry Schaffhaus~~ H. Blough

Place of Business, ~~No 261 East Monument Street~~ 319½ Penna Ave

Address Hole & Eagle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 23983

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1878 BALTIMORE

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna L. Saunders

Sex, Male or Female, { Cross out the words not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower. { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 229 N. Eden St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, March 12th

Undertaker, Wm. H. Sherman

Place of Business, 234 N. Gay St.

J. J. Kinsella M.D.
Medical Attendant.

Address, 116 Wilpot St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 23984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR
MAR 11
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deborah Palmer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Seventy one *Years,* Six *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeping

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co Maryland

Duration of Residence in the City of Baltimore, Thirty Two & Six Months

Place of Death, {Give street and number.} No 1 Eleanor Alley

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3rd

Undertaker, S Peter

Place of Business, S Eutaw st

L. A. Byer M.D.
Medical Attendant.

Address, No 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 12 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Bowen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 170 ~~Druid~~ Penna Avenue

Cause of Death, First (Primary,) Disease of the Kidneys & Consumption
Second (Immediate,) of the Lungs

Duration of Last Sickness, Fifteen Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Mar 13

Undertaker, C. T. Blizzard *Address* 93 N. Green St.

Place of Business, 101

J. Epps M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 12 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno W. Curry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Fort City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 164 Penna Avenue

Cause of Death, First (Primary,) ____

Second (Immediate,) Meningitis supervening on Pertussis

Duration of Last Sickness, over 2 weeks from history given thus,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, March 12

Undertaker, [illegible]

Place of Business, 20

Marbury Brewer M.D.
Medical Attendant.

Address 218 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 20[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
12
1878
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Wyatt

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 207 W. Fayette

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Pulmonary Consumption} about one year.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 13th 1878.

Undertaker, John H. Weaver

Place of Business, 422 W. Fayette St

Thomas Okie M.D.
Medical Attendant.

Address, 398 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23988,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher ~~Unknown~~ Lasaka.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about thirty five *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Boatman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, 5 Y

Place of Death, {Give street and number.} Found foot of Hanover Street in Drawing (Basin.

Cause of Death, First (Primary,) ———

Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 11 th

Undertaker, Charles Strayer

Place of Business, Pratt & Hanover Sts

D. C. Ireland M.D.

Medical Attendant.

Address, Coroner E. Dist

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

No. 2397

Board of Health, City of Baltimore,

Permit No. 23989.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Polcard

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 14 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 298 S. Paca

Cause of Death, First (Primary,) Convulsions due to Farting

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt Peters

Date of Burial, March 12th/4

Undertaker, Wm J Dickman

Place of Business, 65 S. Eutaw

Edw F. Mitchell M. D.
Medical Attendant.

Address, 279 W. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Connelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Lexington St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, March 13 1878

Undertaker, Jas L. Chalmers

Place of Business, Penn Ave *Address* 52 Windsor

H. D. Barker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. John Barr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* 5 *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Minister

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Rockingham Co. Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 48 McCulloh st

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, about 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 13th 1878

Undertaker, Thos S Hughes

Place of Business, 238 Madison ave

D. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Kintzer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} 403 Canton Ave

Cause of Death, First (Primary,)

Second (Immediate,) Hypertrophy of the Heart.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, March 12th 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave.

Edward R. Ward M. D.
Medical Attendant.

Address 242 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23993,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm W. Worsham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 210 Hudson St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, March 13th 1878

Undertaker, H M. Gibmeyer

Place of Business, 341 Canton Ave,

J. H. Martin M. D.
Medical Attendant.

Address Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Wolldane

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 93 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Licker Islande

Duration of Residence in the City of Baltimore, over forty years

Place of Death, {Give street and number.} Home for the aged Cor. of John and Valley Street

Cause of Death, {First (Primary,) General debility

Second (Immediate,) Two years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, March 12th 1878

{*Undertaker,* Wm. H. Kerr

Place of Business, 263 Light St

Jno Brooke Boyle M. D.
Medical Attendant.

Address Mole E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Horace McDonald~~ March 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace McDonald

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 170 Lib[illegible]

Cause of Death, First (Primary.) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 12th 1878

Undertaker, John Mackey

Place of Business, Corner Pratt & Liberty

[illegible] M. D.
Medical Attendant.

Address 1210 N. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

No. 23996

Board of Health, City of Baltimore,

Permit No. 23996

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander A Lindsay

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 6ll *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waterman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Division St

Cause of Death, {First (Primary,) Rheumatic Cachexia

Second (Immediate,) Hydrothorax Pericardii

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 13th 1878

Undertaker, Wm Slacher

Place of Business, Cor Fayette & Liberty sts.

J McKenzie M.D.
Medical Attendant.

Address, 55 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto County Md

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 75 N Durham St

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Hemorrhage

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, March 13th 1878

{*Undertaker,* Chas A Wolfe / *Place of Business,* Granby St} *Address* 179 E Monument St

Elymalle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

No. 23990

Board of Health, City of Baltimore,

Permit No. 23998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pawley

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* Four *Months,* Twelve *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 Watson street

Cause of Death, {First (Primary,) Pleuro-pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, About three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 13 1878

Undertaker, Thos E Hughes

Place of Business, 60 E. Baltimore St 4238 Madison ave

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2399

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jane Scott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~7~~ *Years,* 11 *Months,* 9 *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 99 S Bethel St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ~~Cattarh~~

Duration of Last Sickness, att 11 days

All the above information should be furnished by the Physician.

Place of Burial, Farrel Cemetary | Jno. S. Kennemon *M. D.*

Date of Burial, March 12 1878 | Medical Attendant.

Undertaker; Charles A. White

Place of Business, 35 Granby Street *Address* 736 Bath St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 24000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno H. Turner

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} Co. Jail & Penn. Work House (Residence 374 Aliceanna St. Extended)

Cause of Death, First (Primary,) —

Second (Immediate,) Heart Disease

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 13th 1878

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

R. G. Lee M.D.
Medical Attendant.

Address, Harford Ave near Eager

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 38 ~~39~~ *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 58 E. Amity

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters C.

Date of Burial, March 13 1878

Undertaker, Hedrick Namuth

Place of Business, Corner Pratt & Saratoga St

A. H. Saxton M.D.
Medical Attendant.

Address 533 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the d of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fu within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person de and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ll Permits 24002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs B. Layton

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ... *Years,* ... *Months,* ... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} ...

Cause of Death, {First (Primary,) ... Second (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ... *Address* ...

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 21403

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis B. Oliver

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Teamster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 231 Preston St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13th 1878

J. Zeph M. D.
Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 311 N. Strong St. *Address* 93 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24004

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Brien

Sex, Male or Female, {Cross on the word not required in this line.} ~~Female~~

Age, *Years,* 5 *Months,* *Days.*

Color, Col'd *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Allegany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 Laurel Alley

Cause of Death, First (Primary,)

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. Shelby M. D.

Medical Attendant.

Date of Burial, March 12/78

Undertaker, H. Brisele *Address* 260 S. Eutaw St

Place of Business, 81 Henrietta St, Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kenith C Wallis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 231 Franklin

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, March 13,

Undertaker, C W Shipley

Place of Business,

Attended *M. D.*

Medical Attendant.

Address 22 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred H. Banks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 8 Penn Ct

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch. 13th 1878

Undertaker, William H Dunger

Place of Business, East 4½ Mon- Douglass 62

Silas W. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24007.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jannette Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore. 40 years

Place of Death, {Give street and number.} 340 W Fayette St.

Cause of Death, First (Primary,) Dropsy of Pericardium

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, March 12th

Undertaker, S Pelham

Place of Business, Hanover St

Geo H. Lapsley M. D.
Medical Attendant.

Address 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Snider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, Negro

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Nine Months

Place of Death, {Give street and number.} 103 Monument St

Cause of Death, {First (Primary.) Marasmus
Second (Immediate.) Exanition

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12th 1878

Undertaker, J. H. Shoe

Place of Business, 3 Howard St

Eberle Wolch M.D.
Medical Attendant.

Address 37 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Harris

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 18 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Fredricks County

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 183 Eutaw st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Ex Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 13th

Undertaker, J. F. Chase

Place of Business, 5 Lombard

C. L. Bullen M.D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Smith

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 17 *Years,* 4 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number} 274 Montgomery St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis.
, { Second, (Immediate,)

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill

Date of Burial, March 2. 1878

Undertaker, J. H. Chase

Place of Business, 68 Hanover St

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 24011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gertrude Lewis

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 15 Union Alley

Cause of Death { First, (Primary,) Head Trouble
Second, (Immediate,) Trismus Nascentium

Duration of last Sickness, all its Life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13th 1878

Undertaker, W. M. Dungee

Place of Business, 62 East St

James A. Steuart M. D.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr E. Geo Wallis Health Board

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24012.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Wendel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, Days.

Color, W Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Var — in Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 191 E. Pratt St. Baltimore

Cause of Death, First (Primary,) Cerebro Convulsions

Second (Immediate,) Marasmus

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, March 14

Undertaker, Fred Gaede

Place of Business, No 29 S. Caroline *Address* St

E. A. Fr Fenette M. D.
E. Latrobe
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2440

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24013.

The Physician who attended [illegible] Certificate accurately filled *out*, to the Undertaker or other [illegible] sooner, if requested so to do,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Purnell

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 167 S. Dallas St

Cause of Death { First, (Primary,) Second, (Immediate,)} Bronchial Catarrh

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1878

Undertaker, John W Lockey

Place of Business, Wolf St

James A Steuart M. D.
~~Medical Attendant~~

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Investigation by Dr. J. F. McShane

[OVER.]

No. 2110

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24 0 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Archibald Albaugh

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Forty Three (43) *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Tobacconist.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Hagerstown, Md.

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 483. N. Fremont St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 18 months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 14 78

Undertaker. Hughes & Co

Place of Business, 550 W Fayette St

A. C. Fox M.D.
Medical Attendant.

Address, 154 Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Shay

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 42 Pa. Avenue

Cause of Death, First (Primary,) Carcinoma of Uterus

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Mar 13th 1878

A P Gaeth M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 39 [illegible] Address 132 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Investigation by Dr C. M. Morfit

No. 24016

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] filled out, to the Undertaker or other person superintending the burial. C. M. MORFIT, M. D. sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Mackey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Hennings Court

Cause of Death {First, (Primary,) Convulsions

Second, (Immediate,) all ill Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem'y — James A Steuart M. D.

Date of Burial, Mch 14th 1878 — Attendant

Undertaker, John W Locke

Place of Business, Wolf St — *Address,* Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Casey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White — *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester Eng. 25 yrs in America

Duration of Residence in the City of Baltimore, 12 yrs —

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 18 mos —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 14 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St *Address* 188 E. Calvert St.

Oscar J. Cakery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 24018 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 13 1878 BALTIMORE

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laomie M. Young

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Offord St

Cause of Death, {First (Primary,) Capillary Bronchitis / Second (Immediate,) Pneumonia}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 13th 1878

Undertaker, Wm Sims Son

Place of Business, 63 Mulberry St

J. E. Atkinson M. D.
Medical Attendant.

Address 209 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certi

Board of Health, City of Baltimore,

Permit No. 24419.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1878 BALTIMORE

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Mc[illegible]

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 53 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany. Eleven yrs in this Co

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 23 Woodyear St

Cause of Death, {First (Primary,) Heart disease Valvular

{Second (Immediate,) Dropsy

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 14th 1878

Undertaker, Andrew Gatz

Place of Business, 118 Druid Hill Ave

M. Gregory M.D.

Medical Attendant.

Address, 191 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce[illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth C. Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years.* — *Months.* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} No 2 Patterson Lane

Cause of Death, First (Primary,) Old Age

Second (Immediate,) —

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14 1878

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave *Address* 93 N. Green St.

J. Eph M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hathorn

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Lives [illegible].

Duration of Residence in the City of Baltimore, 11 days.

Place of Death, {Give street and number.} [illegible] Court, alley.

Cause of Death, First (Primary,) Do. not know. Old and ailing

Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 13 1878

[illegible] *M. D.*
Medical Attendant.

Undertaker, L. [illegible] & Gourde

Place of Business, Mercer St *Address* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 24022

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Morgan

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, about 35 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt Infirmary cor of Green & Lexington

Cause of Death, {First (Primary,) Heart Dis, / Second (Immediate,) apnoea}

Duration of Last Sickness, In Hospital one week

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, March 13th 1878

Undertaker, L. L Gourdey

Place of Business, Mount St

F. A. Ashby M.D.
Medical Attendant.

Address, Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 21023

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Kern

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* 9 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 20 Hurst St

Cause of Death, First (Primary,) Consumption of the Lungs

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 17th

Undertaker, [illegible]

Place of Business, [illegible]

Abram R Arnold M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24024

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin Geo Harris (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 2 hours *Months,* ~~——~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 62 Biddle Alley

Cause of Death {First, (Primary,) Premature Birth / Second, (Immediate,) Inanition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14th 1878

Undertaker, Chas Giles

Place of Business, Supt Laurel Cemetery

James A Hunt M. D.
~~Medical Attendant~~

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Chas Giles, Ar. 58 Baldwin

M. J. C. DUL... & CO., ... AND ENGRAVERS. [OVER

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Pittinger

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 15th 1875 ..... *M. D.*

Medical Attendant.

Undertaker, H. M. Gilmeyer

Place of Business, 341 Caroline St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aubry Magruder Brack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {~~Cross out the words not~~ required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 216 Madison Ave

Cause of Death, {First (Primary,) Acadentae poisoning with Fluid Extract of Gelsemium

{Second (Immediate,)

Duration of Last Sickness, About an Hour

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, March 14

Undertaker, C W Blizzard

Place of Business, 201 Lan av

O. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 24027

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E McLaughlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 N Fremont St

Cause of Death, {First (Primary,) Valvular disease of the Heart

Second (Immediate,)

Duration of Last Sickness, 6 Mo

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 15th

Undertaker, Wm J. Tickner

Place of Business, 68 S Eutaw St

A H Emmy M. D.
Medical Attendant.

Address 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 21[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Mathews

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 34 *Years,* 3 *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 375 Lexington St

Cause of Death First, (Primary,) Cancer of Breast

Second, (Immediate,) General Debility

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 14th 1878

Undertaker, Blackistin & Son

Place of Business, 606 Baltimore

J. H. Butler M. D.
Medical Attendant.

Address, 144 Mulberry St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24029.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara Jane Rhodes

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 3 3 *Years,* *Months,* *Days*

Color, wht.

Married, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 185 Asquith st

Cause of Death, {First (Primary,) Pyaemia —

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, March 15th

{*Undertaker,* Geo Schilling

{*Place of Business,* Ashland & Lynn

C. L. Taneyhill M.D.

Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24030,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S Hoffmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Harness maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 20 years

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} Middle Police Station House

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Congestion of brain probable sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~E. Balto Cemetery~~ E. Balto Cemetery

Date of Burial, March 14 1878

Edmund R Walker M. D.
Medical Attendant.

Undertaker, P. Mullen

Place of Business, 67 Caulbridge St

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

No. 2440

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie L. Rixse

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 14 *Days.*

Color, Wh —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}. Belair Road, at Vonderhorst's Brewery

Cause of Death { First, (Primary,) Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Mar 14th,

Undertaker, T. N. Troll

Place of Business, 131 Hanover St

R. J. L. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 4 *Months,* 7 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 270 Barnes St

Cause of Death, First (Primary,) Not ascertained until post mortem

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Balto *Physician* M. D.

Medical Attendant.

Date of Burial, March 15th 1878

Undertaker, Whitehead

Place of Business, 241 Pratt Ave *Address* 231 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie L. Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1m *Years,* 4 Days *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number.} Winchester St cor Whiteford

Cause of Death, First (Primary,) Pulmonary Congestion

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Grave'd

Date of Burial, March 14th 1878

M. D.
Medical Attendant.

Undertaker, Jas L. Chalmers *Address*

Place of Business, Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1032

...pecial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter on B & O R R

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George Co Va

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 126 Conway St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Ship

Date of Burial, March 14

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Thos. F. Ones M. D.
Medical Attendant.

Address 164 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 24035

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
14
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thos. Sumner

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 26 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 107 Eutaw St

Cause of Death, {First (Primary,) Pelvic Tumor / Second (Immediate,) Pyaemia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, March 14th

Undertaker, [illegible]

Place of Business, 335 N. Howard

J. A. Gillis M.D.
Medical Attendant.

Address, 157 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...L ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. E. Hoodly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Assessor in Custom House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 49 yrs.

Place of Death, {Give street and number.} 246 N. Hoffman St.

Cause of Death, {First (Primary,) Hemorrhage from Lungs
Second (Immediate,) " "

Duration of Last Sickness, 20 minutes

All the above information should be furnished by the Physician

Place of Burial, Friends Cemetery

Date of Burial, March 14th 1878

E. C. Price *M. D.*
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...nt Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 24037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14 1878 BALTIMORE

Date of Death, March 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Holmes

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Twenty *Years,* *Months,* *Days*

Color, Black

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Taylor's Island. East Shore Md

Duration of Residence in the City of Baltimore, Four the years

Place of Death, {Give street and number.} 20 Winter st

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 14 1878

Undertaker, Jacob Davis

Place of Business, Lee St

Julius Hall M.D.

Medical Attendant.

Address, Southern Dispensary 43 Conway st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Mathu

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~Years~~, ~~Months~~, 5 Days

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, Non

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 10 Fenken Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 10 Fenken Alley

Cause of Death, {First (Primary,) Fits

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17th

Undertaker, Abraham Bryan

Place of Business, 20 Saratoga st

J W Crouch M.D.
Medical Attendant.

Address, No 23 Booth st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 24039

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bond Jones

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 22 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} 28 Hargrove al

Cause of Death, First (Primary,) Secondary Syphilis

Second (Immediate,) Debility

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Lutheran & Evans

Date of Burial, March 15 1878

Undertaker, Evans & Evans

Place of Business, [illegible]

R. C. Lee M.D.

Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ition of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 178 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Hermann Foster

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 221 Bruguiere St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 16th/78

Undertaker, Geo Schilling

Place of Business, Ashland & Fremont

J E Mantle M.D.
Medical Attendant.

Address, 201 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...tion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH MAR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate L. Mulzer

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give street and number.} 3066 Baltimore City.

Cause of Death, {First (Primary,) Anemia

{Second (Immediate,) Purpura Hemmor.

Duration of Last Sickness, Two or 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 15 1878

{Undertaker, Thomas S Hughes

{Place of Business, No 102 Balto St.

B F. Coyman M. D.
Medical Attendant.

Address 134 High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 211

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Howard

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 26 Howard St

Cause of Death { First, (Primary,) Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13 " 1878

Undertaker, S. W. Chase

Place of Business, Howard St

James A Bosley M. D.
~~Medical Commissioner~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

by Dr. Jas A Bosley

[OVER.]

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ... C. Conelle

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 3 *Years,* 10 *Months,* 13 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 65, Whatcoat, St.

Cause of Death, First (Primary,) Diphtheria Croup

Second (Immediate,) ...

Duration of Last Sickness, 7 days.

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mar 15th

Undertaker, J E Blough

Place of Business, 319½ Penna Ave

... *M. D.*
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 240414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 78 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jane Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 South Front

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthma

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Saint Thomas Ellis Michael M. D.

Date of Burial, March 14 1878 Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 18 & 18 Conway st Address 18 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 240457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1878 BALTIMORE

Date of Death, March 14. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hansen Six

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} F

Age, ... *Years,* 14 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 794 N. Baltimore St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemeteries

Date of Burial, March 17

Undertaker, J B Cook

Place of Business, 707 W Balto St

J. G. Smithurst M.D.
Medical Attendant.

Address, ~~H~~ 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 15 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Glenn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number} 56 Fawn St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Teething

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 15th.

A. Boyd Sherfy M. D.
Medical Attendant.

Undertaker, H. Diffel

Place of Business, S. Bond st 151 *Address,* 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be th duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 9[illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lienhardt Steigle,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 50 Years, *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Washington St

Cause of Death {First, (Primary,) Aneurism of temporal artery, Second, (Immediate,) Pleuro pneumonia

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 16 1878

G. A. Link M. D.
Medical Attendant.

Undertaker, W. Whitfield

Place of Business, Baltimore St. Address, Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24048,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Shanna Price

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Two *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} No 57 Hanover st

Cause of Death, First (Primary,) Fatty Degeneration of the Heart

Second (Immediate,)

Duration of Last Sickness, about Two Minutes

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Cemetery~~ Har Sinai Baltimore

Date of Burial, Mar 16 15

D. L. Mahon *M. D.*
Medical Attendant.

Undertaker, Classing

Place of Business, 136 & Fayette st *Address* 138 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24

...al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24049

The Physician who attended any pers... out, to the Undertaker or other person superintendi... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cavanaugh

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 4 Stockholm St

Cause of Death {First, (Primary,) / Second, (Immediate,)} Consumption

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 16 1878

Undertaker, B. Haile

Place of Business, Light St *Address,* Comm's of Health & Registrar

James A. Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr. James Bosley — Verbal [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 march 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt H Pinkney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt city Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} N° 31 Pleasant st Balt

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 16th March 1898

{*Undertaker,* H W Dennis & Son

Place of Business, 16 Light st}

..... M. D.
Medical Attendant.

Address 21 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 15 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Lizzie Pomroy (Mother)

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, nine days *Years,* ..... *Months,* , *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 163 W. Lombard St

Duration of Residence in the City of Baltimore, 9 ds

Place of Death, {Give street and number.} 163 W. Lombard St (Maternité

Cause of Death, First (Primary,) ... Marasmus

Second (Immediate,) Marasmus

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, E. Pub Cemet

Date of Burial, March 15th 1878

David Streett M. D.
Medical Attendant.

Undertaker, Patrick Mullin

Place of Business, Cambridge St *Address* 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT
MAR
5
1878
BALTIMORE

Date of Death, March 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Kall

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, Years, 1 Months, Days.

Color, W. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Water Taylor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} 88 Hanover St Baltimore

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) Meningitis

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 17

Undertaker, J. H. Nessig

Place of Business, 136 E. Pratt

J. M. St Smith M. D.
Medical Attendant.
88 Hanover St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 212

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore, 1878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24053,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora Jennie Jones

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 1 *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 52 N. Caroline St.

Cause of Death { First, (Primary,) Convulsions
, Second, (Immediate,) Exhaustive

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th 78

G. G. Rusk M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address,* Balt. & Harf. Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1898

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Scott

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 93 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Housework

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 134 Ramsay St

Cause of Death, { First (Primary,) Consumption of Lungs / Second (Immediate,) ———

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, West St Cemetery

Date of Burial, March 16 1898

{ *Undertaker,* Howard McShane / *Place of Business,* 1 Howard St } *Address*

J. Gilman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate within twenty-four hours after death, and is required to fill out, to the Undertaker or other person superintending the burial, as far as practicable, the following Certificate, and to deliver the same to the Undertaker or other person superintending the burial, or to the Registrar of Vital Statistics, at his office, No. 211 East Fayette Street, as much sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levenia Folson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 27 Chance St

Cause of Death {First, (Primary,) Marasmus

Second, (Immediate,) all its Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Mch 16 1878

Undertaker, S W Chase

Place of Business, Hoven

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

By S. A. Bell. M. W.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 15 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 14th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Russell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ..... *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 46 Arch St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, March 16th 1878

Undertaker, John C. Jordan

Place of Business, 12 S. Paca St.

Wm. D. Lockwood M.D.
Medical Attendant.

Address Balto. Gnl Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24[illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24057.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Henderson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bato Cemetery

Date of Burial, March 27th 1878

Undertaker, Heughes & Lee

Place of Business, 65 S Broadway

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 214

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other person who shall call for it, within 24 hours after death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George S. Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1. O'Donnell St

Cause of Death {First, (Primary,) Tuberculosis-
Second, (Immediate,) all its Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 15 1878

James A Steuart M. D.

Undertaker, Casper E Schaub

Place of Business, 269 Canton Ave *Address,* Commissioners of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

by Dr McShane.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Fuller

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 67 *Years,* 1 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, most of her life

Place of Death, {Give street and number.} 219 Orleans St

Cause of Death, First (Primary,) Pneumonia with Heart Complications

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, March 17 1878

Undertaker, Fry & Bro

Place of Business, 54 & 1 Gay

Saml J Boltz M.D.
Medical Attendant.

Address, 134 N. Wolfe St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 60 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 174 Tyson alley

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Oedema of Lungs

Duration of Last Sickness, 6 or 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Penn Church Yd cemetery

Date of Burial, March 16 1878

Undertaker, Wm H. Bell

Place of Business, 97 Druid Hill Ave

J. D. Baker M. D.
Medical Attendant.

Address 157 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2[illegible]

[illegible]tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Henry Seeny Jr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number} 830 Orford St.

Cause of Death { First, (Primary,) Tubercular Meningitis ?
, { Second, (Immediate,)

Duration of last Sickness, always sickly

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 16 1878

R Winslow M. D.
Medical Attendant.

Undertaker, W. H. Bishop

Place of Business, 97 Druid Hill Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Whitney

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, entire

Place of Death, {Give street and number.} 72 Argyle Ave

Cause of Death, First (Primary,) ...

Second (Immediate,) ... Consumption of Lungs

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, March 16

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

Geo C Pyle Conner M.D.
Medical Attendant.

Address, 229 Conway st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back ...

Board of Health, City of Baltimore,

Permit No. 24063.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rose

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Colored 35 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Sharp St. near Camden

Cause of Death, First (Primary,) ,

Second (Immediate,) Consumption

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Mch. 15th 1878

Undertaker, L. Le Gourde

Place of Business, Supt. W. P. C.

R. G. Lee M.D.

~~Medical Attendant.~~

Coroner's D.

Address. Warren & Ball Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Hoskins

Sex, ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, — none —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} No 92 S. Caroline St

Cause of Death, {First (Primary,) ; Second (Immediate,)} Pneumonia

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, March 17/78

Undertaker, Fry & Sons

Place of Business, 111 Broadway

F J Gwynn M. D.
Medical Attendant.

Address 137 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 1878 BALTIMORE

Date of Death, March 13, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas I Cottrell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} N W Cor of Eutaw & Baltimore Sts

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 17th 1878

Undertaker,

Place of Business,

James Smiley M. D.
Medical Attendant.

Address N 14 N Paca Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 24066. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 1878 BALTIMORE

Date of Death, March 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine M. Kuepper

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 14 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——— no

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 S. Eden

Cause of Death, {First (Primary,) Arthritis deformans

Second (Immediate,) Bed sores

Duration of Last Sickness, 22 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17

Undertaker, Wm Hackmann

Place of Business, 96 Bank St

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Andrew Griffen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 14 *Days.*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, nil

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 9 ds.

Place of Death, {Give street and number.} 163 N. Lombard St.

Cause of Death, First (Primary,) marasmus

Second (Immediate,) "

Duration of Last Sickness, 9 ds

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 16

Undertaker, Henry St. Mears

Place of Business. 45 N. Gay St.

David Streett, M. D.
Medical Attendant.

Address 163 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Schofield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 ~~65~~ *Years,* One *Months,* ~~1~~ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} No. 89 N. Central Avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrage

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y *James H. Jones* M. D.

Date of Burial, March 18th 1878. Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address* 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 24069

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Larkins

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 26 *Years,* - *Months,* - *Days*

Color, Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} No. 2 Chestnut Ally

Cause of Death, First (Primary,) Gastritis - Chronic

Second (Immediate,) Exhaustion

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Lynchburg Virginia

Date of Burial, March 11 1878

Undertaker, Edward W. Chase

Place of Business, 193 Harrison St

W W Atkins M.D.
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1034

[OVER.]

Physicians is respectfully invited to the remarks below, and to list of diseases on back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~, House 14 days

Place of Death, {Give street and number.} St Vincents Asylum

Cause of Death, First (Primary,) Congenital Pulmonary Tuberculosis

Second (Immediate,)

Duration of Last Sickness, from Admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 15. 1878

Undertaker, Saml Brown

Place of Business, 156 Division St

Mahlon Brown M.D.
Medical Attendant.

Address, 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanner V. Hilton

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 16 1878

Undertaker, Saml Bowers

Place of Business, 150 Division St

Mahlon Brewer M.D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21072

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Ament

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} male

Age, 2 *Years,* *Months,* 20 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 21 S. Washington st

Cause of Death, {First (Primary,) Tetanic convulsions supervened

Second (Immediate,) by burns by falling in a tub of boiling water

Duration of Last Sickness, 3 days and 10 hours

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, March 18 1878

Undertaker, T. Keller

Place of Business, 216 Lombard

P. G. Dusch M.D.

Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...n Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1874

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fidell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number} 377 Eastern Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem.

Date of Burial, March 18, 74

A. Gregg Sheriff M. D.
Medical Attendant.

Undertaker, M. Evans

Place of Business, 280 Canton Ave

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Linne

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England, (in U.S. 5 years)

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} City Hospital

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 17th 1878

{~~Undertaker.~~ / *Place of Business,*} Mrs Bloodcamp Church & Stirling

Wm Tindal M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Karch

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 17-78

Edw. F. Michael M.D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie McCann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 5 *Months,* 7 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 32 Thames Street

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Lear~~ St. Patricks Cemetery

Date of Burial, March 18. 1878

{*Undertaker,* W C Watchman

Place of Business, 1915 Bond

James C. Brown M. D.
Medical Attendant.

Address 6 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hennebery-Hennebery

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 218 E. Dallas

Cause of Death, First (Primary,) Chronic Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, Since birth

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March XI 18 1878

Undertaker, W C Watchman

Place of Business, 171 S Bond St

C. X. Hillman M.D.
Medical Attendant.

Address, 1 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 211078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Wolf

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* 5 *Months,* 19 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 311 S. Bond St.

Cause of Death, {First (Primary,) ... Apoplexy
Second (Immediate,) ...}

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18th 1878. Aug. F. Erich M. D.
Medical Attendant.

Undertaker, Leonhard Feurz

Place of Business S. Bond St. No. 27. *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs E B Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 5 *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newyork

Duration of Residence in the City of Baltimore, 16 Months

Place of Death, {Give street and number.} No 205 Saratoga st Balto.

Cause of Death, First (Primary,) Cancer (Abdominal)

Second (Immediate,) Pneumonia

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 18/98

Undertaker, Stewart & Mowen

Place of Business, 30 St Paul St. *Address*

Jno S Fulton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unnamed

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 hrs ~~*Days.*~~

Color, ~~White~~ Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 629 Penna Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 629 Penna ave

Cause of Death, First (Primary,) Want of Viability

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western P. C.

Date of Burial, 16th 1878

Undertaker, L. S. Gourdé

Place of Business, Supt. W. P. C.

Chas E Sadtler M. D.
Medical Attendant.

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not named William Sacks, (Father)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 hours ~~Years~~ ~~Months~~ ~~Days~~

Color, colored *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} No 2105 N. Constant St.

Cause of Death, {First (Primary,) Premature Birth

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem Ass

Date of Burial, March 17 1878

{*Undertaker,* Thomas J. Sacks

{*Place of Business,* 616 Jefferson St

W. W. White, M. D.
Medical Attendant.

Address 321 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

oard of Health, City of Baltimore,

No 24082 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Pindell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 116 N. Durham

Cause of Death, {First (Primary,) Cathural Fever / Second (Immediate,)}

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, March 17th 1878

Undertaker, Theodore J. Locks

Place of Business, 26 Jefferson St

James E. Linville M. D.
Medical Attendant.

Address 922 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Alpha Stevens.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eighty *Years,* Nine *Months,* *Days.*

Color, White ~~Sex,~~ — —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Petersham, Mass.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 63 Mosher St.

Cause of Death, {First (Primary,) Cystitis. Second (Immediate,)}

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 18th 1887

Undertaker, John J Andrews

Place of Business, No 4x6 Druid hill Avenue

E. M. Reid, M. D.
Medical Attendant.

Address 243 N. Fremont St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Leonard Hoffman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* Three *Months,* Three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

~~Occupation~~, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 188 Orleans Street

Cause of Death, First (Primary,) ~~—~~

Second (Immediate,) Convulsions

Duration of Last Sickness, Twelve Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 18th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Wm H. Clendiner M.D.
Medical Attendant.

Address No. 102 North Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Duncan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nova Scotia

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 339 Sample St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician

Place of Burial, Westen Cemetery

Date of Burial, March 19th 1878

Lewis N. Bartlett M. D.
Medical Attendant.

Undertaker, Thos J Hughes

Place of Business, 60 E Baltimore Address 111 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

[illegible]on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Shellenberger.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 254 S. Eutaw St.

Cause of Death First, (Primary.)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, March 19th 1878 R. J. H. Tall M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Eutaw *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Jane A. Norther,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White, *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and number.} 65 Edmondson Ave

Cause of Death, First (Primary,) Acute - pulmonary Hemorrhage

Second (Immediate,) Past " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 18th 1878

J. L. Ingle M. D.
Medical Attendant.

Undertaker, Hughes Co

Place of Business, 550 W Fayette St Address 2417 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

...mit No. 24088 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th March. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Margreta Johannes.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Six *Years,* five *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No. 74. Pearl St. Baltimore.

Duration of Residence in the City of Baltimore, Six years and five Months

Place of Death, {Give street and number.} No. 74. Pearl St. Baltimore.

Cause of Death, First (Primary,) Diphtheria —

Second (Immediate,) Diphtheritic paralysis —

Duration of Last Sickness, about Seventeen Days.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 19th

Undertaker, Wm Hackmann

Place of Business, 26 Bank St

Theo Evan Bibbens M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21089

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th March 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leon Yale

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 25 *Years,* 10 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Student

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Welch St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 18th 78

Undertaker, Wm Weaver

Place of Business, Eutaw St near Lombard

L. McAllister M.D.
Medical Attendant.

Address, 108 Paca

Date

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Horn

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.} —

Age, 43 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ———

Occupation, Cooper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 20 Back St

Cause of Death, {First (Primary,) Consumption. / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowell

Date of Burial, March 18 78

Undertaker, Th. Grant

Place of Business, 14 S Bond St.

Abram B. Arnold, M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

No. 24091

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Greer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Anthony St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 18, 1878

Undertaker, Henry Tooth

Place of Business, 209 Central Ave

J. A. Warner M. D.
Medical Attendant.

Address 256 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24092 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1878 BALTIMORE

Date of Death, March 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Richter

Sex, Male or Female, {Cross out the words not required in this line.} Male.

Age, Sixty Two (62) *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Thirty five (35) Years.

Place of Death, {Give street and number.} 117 Low Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asphyxia

Duration of Last Sickness, Six (6) months

All the above information should be furnished by the Physician.

Place of Burial, St Mychaels Cemetery

Date of Burial, March 19, 1878

Undertaker, Henry Stouta

Place of Business, 304 Central Ave

D. Sellers M.D.
Medical Attendant.

Address, 60 Eager Carlton Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hamilton Hogg Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 6 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 14 years 6 months

Place of Death, {Give street and number.} 118 Arlington Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Angina Maligna

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Mch. 19/78

Undertaker, Stewart & Mann

Place of Business, #35 Park Ave. *Address* 71 Franklin St

H. A. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Richard Thomas

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Fourteen *Years,* *Months,* Ten *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 236 Argyle Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19th March 1878

Undertaker, Stewart & Moore

Place of Business, 35 York ave

J. E. Rieger — M.D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Enalt

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 72 *Years,* 3 *Months,* 21 *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and number.} 358 E. Durham St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Debility

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Christian Cemetery

Date of Burial, March 18 1878

Undertaker, Key & Fro

Place of Business, 524 Broadway

I. N. Nock M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 24096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lawrence

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Eighty Eight *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone Cutter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Aberdeen Scotland

Duration of Residence in the City of Baltimore, Over 40 —

Place of Death, {Give street and number.} No. Calvert & Saratoga Sts.

Cause of Death, First (Primary,) Injury. (Contused foot)

Second (Immediate,) Shock

Duration of Last Sickness, Twenty hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, March 18th 1878

Undertaker, John Macken

Place of Business, No 157 Camden

Wm Gouled M.D.
Medical Attendant.

Address, Cor. Calvert & Saratoga Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 24097

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a[illegible] illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertak[illegible] sooner, if requested[illegible] so doing under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie A. Haddaway

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* *Days.*

Color, W —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, {Give street and number} 107 Gough St

Cause of Death {First, (Primary,) Paralysis

{Second, (Immediate,) Anemia

Duration of last Sickness, 13 years —

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, March 19th 1878

Undertaker, M. A. Daiger

Place of Business, Broadway

James A. Steuart M.D.

Physician in Attendance.

Address, Board of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr. L. F. McShane

[OVER.]

The Special Attention [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

Permit No. 24098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th March 1875.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis B. Mahr

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 58 *Years,* 8 *Months,* 3 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Grossenhausen Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} 234 S. Eutaw st

Cause of Death, First (Primary,) Brights disease

Second (Immediate,)

Duration of Last Sickness, 4 months under my care

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, 18th of March

Undertaker, [illegible]

Place of Business, 35 S. Eutaw st

R. W. Hellman M. D.

Medical Attendant.

Address 120 East st. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24099.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Hynes —

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 24 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 133. N. Schroeder —

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, One Year —

All the above Information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 19 1878

Undertaker, J B Cook

Place of Business, 1704 W. Baltimore Street

Edwd F. Millholland M.D.
Medical Attendant.

Address, 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24100 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Peter Feldpush

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 230 N. Bond St

Cause of Death, First (Primary,) Peritonitis

Second (Immediate.) ~~One week~~

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 20 1878 [illegible] M. D.

Undertaker, Henry Hirsh Medical Attendant.

Place of Business, 209 N. Eutaw St. *Address* 138 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of

Board of Health, City of Baltimore,

Permit No. 24101

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johnnie Behrens

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 6 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { ~~Give street and number.~~ } 5 N Eden St

Cause of Death, { ~~First (Primary,)~~ } Inflammation

{ Second (Immediate,) } Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 18th 1878

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address* Dr of Gilman Md

J H Rehfuss *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 24102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H Johnson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 214 Druid Hill Ave

Cause of Death { First, (Primary,) / Second, (Immediate,) Diffused Tuberculosis

Duration of last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 19 1878 J. H. Chew *M. D.*

Medical Attendant.

Undertaker, Thos. S. Hughes

Place of Business, E Balto St *Address,* 76 Stark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore

Permit No. 24103,

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Handly Omara

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Tullamstown, Cork, Ireland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} 12 S. Eutaw St

Cause of Death, First, (Primary,) Typhoid Fever.

Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 19th 1878

Undertaker, John Meader

Place of Business, No 154 Camden

J. R. McNeven M. D.
Medical Attendant.

Address, 582 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 24104

OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 16th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George. W. H. Knight

Sex, Male or Female, {Cross out the words not required in this line.} Male.

Age, 13 *Years,* 1 *Months,* 6. *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 302 Hartford. Av.

Cause of Death, First (Primary,) Diabetis.

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, March 18th 78

Undertaker, [illegible]

Place of Business, [illegible]

Gen. W. Wagner M. D.
Medical Attendant.

Address, 18 McQuid St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 24105

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Butler

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 57 *Years,* 0 *Months,* 12 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} No Bartlett St. Harford Co

Cause of Death, {First (Primary,) ; Second (Immediate,) Peri Pneumonia

Duration of Last Sickness, About 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18

Undertaker, Abraham Wayman

Place of Business, 30 Saratoga St

J. Magruder Dudrow M.D.
Medical Attendant.

Address, 172 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Scanlon

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland (24 yrs in Am

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First (Primary,) Cellular Erysipelas

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington DC

Date of Burial, March 18 1878

Undertaker, Jas P Byrne

Place of Business, 68 Front st

Oscar L. Cox M.D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1035

[OVER.]

Board of Health, City of Baltimore.

Permit No. 24107

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Greeny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the worde not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 127 Hudson N. Canton

Cause of Death, First (Primary,) Pneumonia

Second (Immediste,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 20th 1878 John F. Monnemin M. D. Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw *Address* S.W. Chest & Russ

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Raabe

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 16 E. Chase St.

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,) Eclampsia

Duration of Last Sickness, 5 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 19th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynan

Geo. K. Warnecke M.D.
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin H. Biggs

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, fifty two *Years,* four *Months,* 11 *Days.*

Color, Black *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Thirty one years

Place of Death, {Give street and number.} 95 N. Dallas St.

Cause of Death, First (Primary,) Congestive Pneumonia

Second (Immediate,) Congestion of Lungs.

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, March 20 1878

Undertaker, Wm. V. Longe

Place of Business, No 62 East Street

John J. Lynch M. D.
Medical Attendant.

Address S. E. Baltimore, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 24110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, [redacted] March 17th 1866

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella E. Thompson

[redacted] *Female,* {Cross out the words not required in this line.}

Age, Five *Years,* Five *Months,* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 66 Dover St

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Exhaustion

Duration of Last Sickness, [redacted] Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Levond Cemetery

Date of Burial, March 19 1866

Undertaker, William Krouze

Place of Business, No 62 East Street

H. Adams M.D.
Medical Attendant.

Address, N. Bch. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March, 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} no name, (Emma Cole Mother)

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* Seven *Days*

Color, Color?

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 5 Stockton alley

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 5 Stockton alley

Cause of Death, First (Primary,) Lockjaw

Second (Immediate,) Congestion of Brain.

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 19th /78

Undertaker, L. Le. Gouvde

Place of Business, Supt W. P. C.

Geo C Le Comte M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Cortell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northumberland Co Va

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number.} No 41 E. High st

Cause of Death, First (Primary,) Organic Valvular disease of

Second (Immediate,) Heart

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 20th 1878

Undertaker, John A. Weaver

Place of Business, # 22 W. Fayette St

A. P. Gatch M. D.
Medical Attendant.

Address 132 N. Gay st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine E. Jockel.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 303 Cross St

Cause of Death First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 20th 1878

Undertaker, Julius Koehler

Place of Business, Sharp & Cross St.

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Phy...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank McDonald

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 175 Linden Ave

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 19th 1898

Undertaker, John Meagher,

Place of Business, Cor Fayett & Liberty *Address,* 121 W Monument St

E W Millikan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2 / 1 1 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Miller

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 19 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 314 Hartford Ave

Cause of Death, {First (Primary,) Capillary Bronchitis
Second (Immediate.) Obstruction Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery J. Lichmann M. D.

Date of Burial, March 31st Medical Attendant.

Undertaker, Adam Frnk *Address* 68 N. Front St

Place of Business, 461 W. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allen Smith Barnum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty-two *Years,* four *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montrose, Susquehanna Co. Pa.

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give street and number.} No. 91 Lorlin Avenue

Cause of Death, First (Primary,) Chronic dysentery, complicated with disease and condition of alimentary canal.

Second (Immediate,) Apnoea from paralysis of the lungs.

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mar 20th 78

Charles Schleyer M. D.

Medical Attendant.

Undertaker, J. J. Andrews

Place of Business, Druid Hill Ave. *Address* No. 26th Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Be SPECIAL ATTENTION to

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Reb. Metcalf

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 7 *Months,* — *Days.*

Color,

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Fayetteville Pa

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} No 43 Bronze Alley

Cause of Death, {First (Primary,) Prostration

{Second (Immediate,) Congestive Chill

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Fayetteville Pa

Date of Burial, March 18th

Undertaker, Henry Brile

Place of Business, Henrietta Str 81

B. F. Herman M. D.
Medical Attendant.

Address No 175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Dr. Dept. St.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracian Speddon.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give street and number} 130 Cross St.

Cause of Death First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Dem

Date of Burial, March 19th 1878

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, Armstrong & Devery

Place of Business, #263 Lee St. *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March, 18th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Moran

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Fifty six *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number.} 66. Lancaster St.

Cause of Death, {First (Primary,) Heart disease.

Second (Immediate,)

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 20, 1898

Undertaker, M. A. Dargan

Place of Business, 74 S. Broadway

D. E. Ireland M.D.
Medical Attendant.

Address, Coroner E. Wis,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Sadonia Boston

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Three *Years,* Nine *Months,* Eleven *Days*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 20 Green Willow Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20 1878

Undertaker, J. H. Chase

Place of Business, 8 Howard

A. C. Fox M.D.
Medical Attendant.

Address, 154 Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. M Goldsborough.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 14 *Months,* 1 *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} cor Myrtle & Chesnut ave

Cause of Death, {First (Primary,) Dentition / Second (Immediate,) Convulsions}

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20 78

Undertaker, S. M. Chew

Place of Business, 5 Hanover st

Louis C. D. Horn M. D.
Medical Attendant.

Address, 226 Mulb. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Farley

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Back 52 Dorsey alley

Cause of Death, {First (Primary,) Exhaustion

Second (Immediate,) Cardiac Disease

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 21

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Chas A O'Donnell *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2141

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24123

The Physician who attended any pe[illegible] out, to the Undertaker or other person superintending the burial, within *twel*[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Sims. (Mother

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 10 Minutes *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 190 Warner St

Cause of Death {First, (Primary,) insufficient Nourishment

{Second, (Immediate,) asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cem[illegible]

Date of Burial, March 1878

Undertaker, A Warfield

Place of Business, Sept

James A Sims M. D.
~~Medical Attendant~~

Address, Commissioners of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Dr James Bosley

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March the 19 2 a m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frantz Ruth

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* 0 *Months,* 0 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Years.

Place of Death, {Give street and number} No 2 Warren Court.

Cause of Death, First, (Primary.) Cancer of the Stomach

Second, (Immediate,) Hamorrage

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, March 21st '78 John L. Fitzer M. D.

Medical Attendant.

Undertaker, Michael Franck

Place of Business, 280 Canton Av *Address,* 81 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Jens

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 6 *Months,* 2 *Days.*

Color, White *Sex.*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} 71 N. Carey St

Cause of Death, {First (Primary,) Cerebral Softening

Second (Immediate,)

Duration of Last Sickness, About four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Jno Morris M. D.

Medical Attendant.

Date of Burial, March 21st

{*Undertaker,* F. N. Troll *Address* 5 Franklin St.

{*Place of Business,* 131 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Reid

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 442. Light St

Cause of Death, {First (Primary,) Scrofula
Second (Immediate,) Congestion of the Lungs & Brain

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, March 20 1878

Sheridan Cole M. D.
Medical Attendant.

Undertaker, Charles F. Herbert

Place of Business, 161 Hanover St.

Address 161 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] This C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kocklen

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, 38 *Years,* — 16 — *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line} Married

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 10 ~~Months~~ Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 206 Dallas st

Cause of Death, {First (Primary,) Dropsy of the Heart and Second (Immediate,) Paralysis from Rheumatism

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul Cemetery

Date of Burial, March 20th 1878

Undertaker, H. Eberlick

Place of Business, 246 Eastern Av

Thomas J. Evans M.D.
Medical Attendant.

Address, No 23 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Gaegar

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 14 *Months.* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Spruce st 121 South "

Cause of Death, {First (Primary,) Sprenetis / Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 21st 1878

Undertaker, 16 Rockett

Place of Business, 246 Eastern Av

John D Schultz M. D.
Medical Attendant.

Address N E Cor Gough & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Bridner.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 4 *Months,* *Days.*

Color, white *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All of his life

Place of Death, {Give street and number.} 2032 W Fremont St.

Cause of Death, First (Primary,) Constitutional Syphilis. —

Second (Immediate,) Exhaustive debility

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Thursday the 21th

Undertaker, William Weaver

Place of Business, 202 North Eutaw St *Address*

Chas. T. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Grimes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 13 S Caroline St

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, march 20th

Undertaker, Theodore J Locke

Place of Business, 56 Jefferson st *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah, Mc Cannon

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Planter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester County, Maryland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} No 327 E Madison St

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 20th 78

{*Undertaker,* Fry & Bro

Place of Business, 54 N Broadway

Wm. L. Russell M.D.

Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Kirby

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Pilot

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Michaels Talbot Co. Md.

Duration of Residence in the City of Baltimore, Sixty five years

Place of Death, {Give street and number} 125 S. Wash. St.

Cause of Death {First, (Primary,) ~~Hemi~~ Paralysis

Second, (Immediate,) Coma,

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. Ground, Balt. Rd.

Date of Burial, March 21. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

G. G. Leek M. D.
Medical Attendant.

Address, Balt. & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 59 Hillen

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Convulsions — 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 21st

Geo. B Reynolds M. D.
Medical Attendant.

Undertaker, James Burns

Place of Business, ~~53~~

Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno B. Healy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Fourteen *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Town St No 60

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 21st 1878

Undertaker, James D. Byrne

Place of Business, No 63 N Front St *Address*

D H Stephenson *M. D.*

Medical Attendant.

S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24/135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McGreevy.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, ——— *Years,* 4 *Months,* 4 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single.

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Skinners Ay.

Cause of Death, First (Primary.) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 20th 1878

Undertaker, James & Byrne

Place of Business, No 63 N Front St

Jno. J. Powell M. D.
Medical Attendant.

Address 224 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24136.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Crook

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 64 George St

Cause of Death, {First (Primary,) Pneumopneumonia
Second (Immediate,) Convulsions

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 20 1878

Undertaker, C W Blizzard

Place of Business,

C Winslow M. D.
Medical Attendant.

Address 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of ... th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown, found Mar 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph. Lasker

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 42 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Back Basin, foot of Eden st.

Cause of Death, {First (Primary,) Drowned

{Second (Immediate,)

Duration of Last Sickness, Supposed, Short

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, March 20th

Undertaker, H. Tiffel

Place of Business, S. Bond st. 151

R. C. Lee M.D.

~~Medical Attendant.~~ Coroner 3d D.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintendiug the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* *Months,* 15 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 251 McHenry St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Boston Cemetery

Date of Burial, March 21st 1878

J. Shelton Hill M. D.
Medical Attendant.

Undertaker, A. A. Schmidt

Place of Business, Cor. Eutaw & Lanvale Sts. *Address* 432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Frech

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 222 Columbia St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} do

Cause of Death, First (Primary.) Convulsions

Second (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 21th 1878.

Undertaker, Philip L. Dill

Place of Business, 183. Columbia Av

H. Albers M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1878

CERTIFICATE OF DEATH.

Date of Death, March 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bedford

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 10 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 40 N. Stricker St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 21st 1878

Undertaker, W. J. Tickner

Place of Business, Eutaw St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Clark

Sex, Male or Female, {Cross out the words not required in this line.} Fem

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 274 N Bond St.

Cause of Death, {First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, S. Paul's Cemetery

Date of Burial, March 21st 1878

Undertaker, Leonhard Kurtz

Place of Business, S. Bond St. No 272.

S. H. Hawkins M.D.

Medical Attendant.

Address, 17 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion James Thomas Webb

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} male

Age, ... *Years,* 3 *Months,* 23 *Days*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 124 S. Washington st

Cause of Death, First (Primary.) Bronchial Catarrh

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 21 1878

Undertaker, E Schluderberg

Place of Business, Eastern Av

D. G. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel C. Worley

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 30 Yrs *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} 417 W Lombard St

Cause of Death, {First (Primary,) Lung Cold

Second (Immediate,) Pulmonary Consumption about 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 21st 1878

Undertaker, Wm Weaver

Place of Business, c/o 202 N. Eutaw St

W W Hammond M.D.

Medical Attendant.

Address, 64 N Paca St Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1878

CERTIFICATE OF DEATH.

Date of Death, March 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline O. Daily

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 66 *Years,* 11 *Months,* 20 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 345 E. Pratt st.

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Asthenia / One week /}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery

Date of Burial, March 21st 1878

Undertaker, R. A. L. Bevan

Place of Business, E Balle St

C. A. Harlan & Son M. D's.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Greene,

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, colored,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number} 141 S. Dallas St

Cause of Death {First, (Primary,) Pleuro pneumonia

{Second, (Immediate,) Meningitis

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 21st 1878

Undertaker, Theodore Locks

Place of Business, 56 Jefferson St

G. Glanville Keech M. D.
Medical Attendant.

Address, Balt. & Mark. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1878,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lewell Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George Co. Md.

Duration of Residence in the City of Baltimore, Three Weeks

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Chronic Diarrhea.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 21st 1878

Henry F. Smith, M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 N. Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2 / 147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Goldsboro

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* —— *Months,* *Days.*

Color, Mulatto *Sex,* ——

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} A. A. Co. Md.

Duration of Residence in the City of Baltimore, 10 Years,

Place of Death, {Give street and number.} No. 89 Moore st.

Cause of Death, {First (Primary,) Diptheria
Second (Immediate,) Consumption

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21st 1878

{*Undertaker,* Wm H Burkhart
Place of Business, 94 Druid Hill Av

F. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 24148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 — 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Azatha Manfield

Sex, Male or Female, {Cross out the words not required in this line.}

Age, One *Years,* One *Months,* *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 12 Gladden St

Cause of Death, {First (Primary,) Inflamation of Lungs

Second (Immediate,) Convulsions -

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21st 1878

Undertaker, Wm H. Bishop

Place of Business, 97 Druid Hill Ave

W. H. Keen M.D.
Medical Attendant.

Address. 87 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George W Fowler

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, Col'd *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St Marys Count Md

Duration of Residence in the City of Baltimore, Six Days

Place of Death, { Give street and number. } No 20 Christian St

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,) ... }

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. T. Smith M. D.
Medical Attendant.

Date of Burial, March 21st

Undertaker, Hercules Boss

Place of Business, 95 E Monument St *Address* 26 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hawkins Duvall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 10 *Months,* 20 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 284 North Stricker St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Ditto

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 22 1878

Undertaker, John Thacker

Place of Business, 161 Light St

Jos. Lloyd Martin M. D.
Medical Attendant.

Address 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 24151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Blanch Browning

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ~~Male~~

Age, 8 *Years,* 1 *Months,* 2 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 163 Prestman St

Cause of Death, {First (Primary,) Tuberculous Meningitis

{Second (Immediate,) " "

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, March 22d 1878

Undertaker, Geo. Browning

Place of Business 163 Preston St

Josh D. Pennington, M. D.
Medical Attendant.

Address 98 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No. ~~24~~ 24

[OVER.]

The Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifteen *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, about 6 years

Place of Death, {Give street and number.} 29 Vincent St

Cause of Death, First (Primary,) ——

Second (Immediate,) Consumption

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, March 21st /78

Undertaker, L. E. Saunders

Place of Business, Supt. W. P. C.

L. C. Shiner M. D.

Medical Attendant.

Address 626 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 24153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harris

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} No 6 Foremans Court,

Cause of Death, First (Primary,)

Second (Immediate,) Hemorrhage of Lungs

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Public C.

Date of Burial, March 21st/78

Undertaker, L. C. Gourde.

Place of Business, Supt. W. P. C.

Geo. C. Gyle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 21[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3 M° 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Norris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 69 *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 58 Chew St.

Cause of Death, First, (Primary.) Congestion Brain

Second, (Immediate.) ____

Duration of last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

W. Riley M. D.
Medical Attendant.

Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A. Gill.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 6 *Months,* 20 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 442 Eutaw Place

Cause of Death, First (Primary,) Organic disease of heart apparatus by attacks acute rheumatism.

Second (Immediate,)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. W. E. Mosely M. D.

Date of Burial, March 21/78 Medical Attendant.

Undertaker, Stewart & Mason *Address* 234 Madison Ave.

Place of Business, 35 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Knebel

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.} Male

Age, Eighteen *Years,* *Months,* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Butcher boy

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany in U.S. 18 months

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} City Hospital, Cor. Calvert & Saratoga Sts

Cause of Death, {First (Primary,) Fall (35 feet deep).} {Second (Immediate,) Shock}

Duration of Last Sickness, ~~Twenty one hours~~ 45 hours.

All the above information should be furnished by the Physician.

Place of Burial, Meyers Cemetery

Date of Burial, March 20th 1878

Undertaker, H. Schulhein for S.

Place of Business, 261 E. Monument St.

Wm Gombel M.D.
Medical Attendant.

Address, Cor. Calvert & Saratoga Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Randall

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 313 Hamburg St.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Pneumonia,

Duration of Last Sickness, about 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, March 21 1878

Undertaker, L. LeGourde

Place of Business, Mount St

J. M. White, M.D.
Medical Attendant.

Address, Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Florence E. Collins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 182. Johnson st.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, ~~2 wks~~ 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 21st 1878

Undertaker, Smith & Denny

Place of Business, 265 Light

Thos. Jones Gibbons M. D.
Medical Attendant.

Address 146 E. Lanvale st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Jackson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* One *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 205 N Duncan st

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, March 21, 1878

Undertaker, Charles A White

Place of Business, 35 Granby st

Wm. L. Nevitt *M. D.*

Medical Attendant.

Address, Broadway & Madison sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 24160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Mills

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* — *Months,* 11 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 86 N. Chesnut St

Cause of Death, First (Primary,) Accidental Narcotism

Second (Immediate,) —

Duration of Last Sickness, About six hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March the 21st 1878

Undertaker, William A Knight

Place of Business, 62 East 50

C. H. Sears M.D.
Medical Attendant.

Address 86 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 24161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~June~~ March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie J. Bush

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 11 *Months,* *Days.*

Color, Fair

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give street and number.} 268 E. Lombard St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 27 1878

{*Undertaker,* Hughes & Co

Place of Business, Broadway

Edwin W. Gordon. M. D.
Medical Attendant.

Address 418 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24162

The Physician who attended any person in [redacted] st

out, to the Undertaker or other person superinte[redacted]

sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. & R. Jelenda

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, [redacted] Years, [redacted] Months, one Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6. Plowman St

Cause of Death { First, (Primary,) Atalectasis Pulmo
Second, (Immediate,) Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, March 21st 1878

Undertaker, Jas P. Byrne

Place of Business, Fourth St

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimare

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Dr C. M. Morfit

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of

Board of Health, City of Baltimore,

Permit No 24163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Amey

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 18. *Years,* 11. *Months,* 21. *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 148 S. Paca St.

Cause of Death, {First (Primary,) Apoplexy Hemorrhagic
Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.
Date of Burial, March 23rd
{*Undertaker,* W. J. Tickner
Place of Business, 65 S. Eutaw St.

C. L. Buddenbohn M. D.
Medical Attendant.
Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H Jefferson

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, {First, (Primary.) Croup

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bolte cemetery

Date of Burial, March 24th 1878

Undertaker, Heuphus & Leo

Place of Business, 60 S. Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geaze Smith

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 16 *Years,* 3 *Months,* 27 *Days*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 423 E. Baltimore St.

Cause of Death, {First (Primary,) Consumption,

Second (Immediate,) 3 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24th 1878

{*Undertaker,* Haughs & Lee

Place of Business, 65 S. Broadway

E. N. Hook M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21166.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Newton

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 17 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 235 Hollins ave

Cause of Death, First (Primary,) Acute Rheumatism

Second (Immediate,) Metastasis to heart

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, March 22nd 1878

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore Street

D. T. Hoffman M. D.

Medical Attendant.

Address 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24167.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark L North

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 5 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cold Spring N. Y.

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} 57 S. Gilmor St

Cause of Death, {First (Primary,) Tubercular Meningitis

{Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Terry Town N.Y.

Date of Burial, March 24/78

{*Undertaker,* Hughes & Co

{*Place of Business,* 550 W Fayette

Thomas Shearer M. D.
Medical Attendant.

Address 9 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1037

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday March 22 18 9[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Lyons

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 222 Vine St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 23 Caulton St

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,) of Lungs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 23 189[illegible]

Undertaker, Wm. N. Lange

Place of Busines No 11 Stockton Ally

D. Dimmitt Hoos M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24169.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Swain

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Irvington Md No 96

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,) 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Baltimore Co. M. D.

Date of Burial, 23d of March Medical Attendant.

Undertaker, P. Kimmel *Address* 28 N Gilmor St

Place of Business, 311 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Forty Years, ____ Months, ____ Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ____

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} Farrers Dyke & Wilson Unknown

Cause of Death, {First (Primary,) Drowning. / Second (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cem. *Date of Burial,* March 21st 1878

Undertaker, P. Mullen *Address,* Coroners Engt

Place of Business, Cambridge St

D. C. Ireland. M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Rohbeck

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 85 Years, Months, Days.

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Maryland

Duration of Residence in the City of Baltimore, 85 years

Place of Death, {Give street and number.} Home for the aged Cor. of John and Valley Sts

Cause of Death, {First (Primary.) Second (Immediate.)} Senile debility — 9 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 22d 1878

Undertaker, John A Pridemore

Place of Business, Cor Fremont & Monument St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arietta Davis

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 3 *Years,* *Months,* 3 *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Jew Alley 39

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22th 1878

Undertaker, Wm. N. Dungell

Place of Business, 62 East St

E. A. Baldwin M.D.

Medical Attendant.

Address, 124 n. Eye Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Gorman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 205 Durham Street

Cause of Death, {First (Primary,) Unknown

{Second (Immediate,) ———

Duration of Last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub County W. M. Mitchell M. D.

Date of Burial, March 22nd 1878 Medical Attendant.

Undertaker, Pat Mullin

Place of Business, Lambridge St Address No. 341 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 24174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person during last illness is responsible for the presentation of this Certificate to the Undertaker, properly filled out, to the Undertaker or other person su[illegible]ed, or sooner, if requested so to do, under penal[illegible] of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Baker

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 124 S. Spring St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial. March 23rd 1878

Undertaker, Fred Pohe.

Place of Business, 425 Cross St

James A Steuart M. D.

Address, Comm'y of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr L. M. Morfit

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edwd Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 Parkin St.

Cause of Death, First (Primary,) Measles & Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 23 1878

John Neff M. D.
Medical Attendant.

Undertaker, John S. Mackie

Place of Business, Camden St *Address* 538 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22th March 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A. Klemper

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 9 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 248 Caroline st

Cause of Death, {First (Primary,) / Second (Immediate,)} Croup

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 24 th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

C. Hoffman M.D.
Medical Attendant.

Address, 57 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March Twenty-First 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas D Harman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Six *Months,* Five *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 27 Hamburg St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, Two Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 23 1878

J. O'Harrington M. D.
Medical Attendant.

Undertaker, Arnold & Denny

Place of Business, Light St *Address,* 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 136 Battery Av

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry.

Date of Burial, 24 March.

Undertaker, B. Hurle.

Place of Business, 411. Light St.

C. B. Noble M. D.
Medical Attendant.

Address 17 Hanover Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 23 1976

CERTIFICATE OF DEATH.

Date of Death, 29th March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosella Manns

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, one *Years,* 7 *Months,* 21 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. Pratt st 8555

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Pratt st. 8555

Cause of Death, First (Primary,) Measels

Second (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Harlem Cemetery Adolph Boehm, M. D.

Medical Attendant.

Date of Burial, March 29

Undertaker, Robt Planter *Address*

Place of Business, 21 Frederick str,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fritz

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 66 *Years,* ——— *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} married

Occupation, Steevdor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} 306 S Bond St

Cause of Death, {First (Primary,) Acute Softeaus of the Brain

{Second (Immediate,) Paralysis.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 24th 1878

{*Undertaker,* Leonhard Fritz

{*Place of Business,* S. Bond Street No. 223

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, City Librarian

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number.} No. 473 E. Chase St.

Cause of Death, {First (Primary,) Bright's Disease

Second (Immediate,) Edema of the Lungs, Secondary Pneumonia.

Duration of Last Sickness, About three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 24th 1878

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

W. F. White, M. D.
Medical Attendant.

Address 341 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Anna Maria Lloyd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} March 22nd 1898

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton, Talbot Co. Md.

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number.} 322 Lanvale St.

Cause of Death, First (Primary,) Cancer Mesenteric Glands

Second (Immediate,) Acute Exhaustion.

Duration of Last Sickness, About 15 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 23rd 1898

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Hughes Co

Place of Business, 550 W. Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24183,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore March 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi Comish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Wood sawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore. 13 years

Place of Death, {Give street and number.} 210 Howard Street

Cause of Death, {First (Primary,) Bronchitis

{Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, March 24 1878

Undertaker, S. H. Chase

Place of Business, 5 Howard St

Henry C Ford *M. D.*
Medical Attendant.

Address Cor Lee & Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rozella Jackson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} 93 Lee St.

Cause of Death { First, (Primary,) Apoplexy
Second, (Immediate,) 2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel St Cemetery

Date of Burial March 23 1878

Undertaker, S. F. Chase

Place of Business, 1813 Hollins & 621

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Motter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 106 Patterson Ave

Cause of Death, First (Primary,) Whooping Cough.

Second (Immediate,)

Duration of Last Sickness, about six Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Mar 24th

Undertaker, J E Clough

Place of Business, 319½ Penn a Ave

J Harvey Gill M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24186

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24186

The Physician who attended any person in a[illegible] *out*, to the Undertaker or other person superintending the burial, within ~~twenty~~ *four hours* after the death or said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Harland (Mother)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 148 S. Dallas St

Cause of Death {First, (Primary,) Second, (Immediate,)} Trismus Nascentium

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Dallas St Burg'd

Date of Burial, March 24 '78 Jas A Steuart M. D.

Undertaker, Geo T. Jones

Place of Business, Saratoga | *Address,* Comm'r of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Dr. C. M. Morfit.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Parslow

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Seventy four *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England Manchester

Duration of Residence in the City of Baltimore, About five years

Place of Death, {Give street and number.} 75 North Castle Street

Cause of Death, First (Primary,) Pleuro — pneumonia

Second (Immediate,) General dropsy

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24. 1878

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & No. Eden st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Lawson Sloan

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Elizabeth N. J.

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} Cor Lombard St + Collington Ave.

Cause of Death, First (Primary,) Cerebral meningitis

Second (Immediate,) Asthenia

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24th 1878.

Undertaker, John L. Weaver

Place of Business, #22 W. Fayette St.

J. H. Clawson, M.D.
Medical Attendant.

Address. 392 E Pratt St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burkenroni

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give street and number.} City Hospital

Cause of Death, {First (Primary,) Over Dose of Landanum (with Second (Immediate,) Suicidal intentions

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemety

Date of Burial, March 23 1878

Undertaker, P. Mullin

Place of Business, Cambridge St

L. W. Chambers M. D.
Medical Attendant.

Edmund Walker and
Coroner

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Ransom

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ~~2~~ 2 *Days.*

Color, Black *Sex,* Female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 166 N. Dallas St

Cause of Death, First (Primary,) Hereditary Syphilis

Second (Immediate,) Marasmus

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 23 th 1878

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

Wm N. Hill M. D.
Medical Attendant.

Address 31 N. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 / 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Payne

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Forty~~ *Years,* *Months,* ~~Eight~~ *Days.*

Color, Col *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Loudon Co Va

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} No 5 Carlton St

Cause of Death, {First (Primary,) Phthisis Pulm

{Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 23 th 1878

{*Undertaker,* Wm N. Dungee

{*Place of Business,* No 10 Stockton Aly

J B Yeloons M. D.
Medical Attendant.

Address 58 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23d March. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Anna Winkler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46. *Years,* *Months,* *Days.*

Color, White.

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Kept House.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Sandhausen. Amt. Eppingen Baden. Germany

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number.} No 34 Park St. near Clay St.

Cause of Death, {First (Primary,) Valvular disease of Heart. & Albuminuria.
Second (Immediate,) Anasarca. Ascites. & peri Cardial Effusion.

Duration of Last Sickness, about 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, H. Athenaeum Cemt.

Date of Burial, 25th of March

Undertaker, P. Kinnaid

Place of Business, 319 Mulberry St

Medical Attendant. M. D.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Charles~~ (J. Morris) Sophia

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193 Chestnut St.

Cause of Death, {First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, About 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 23 1878

Undertaker, James D. Coyne

Place of Business, No 63 E Fayette

Wm. Whitridge M.D.
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Beal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 35 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 14 years

Place of Death, {Give street and number.} 252 Lexington Stret

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)}

Duration of Last Sickness, About 10 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetry H Darling *M. D.*

Date of Burial, March 23 1878 Medical Attendant.

Undertaker, John C. Jordon *Address* 252 Lexington st

Place of Business, No 68 Pask Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22d 1874.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Michael

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 10 *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Md.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 66 S. Eutaw St.

Cause of Death, First (Primary,) Angina Pectoris.

Second (Immediate,)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 25th 1874

Undertaker, Thos F Hughes

Place of Business. 6th E Balto

Jno. F. Powell M. D.
Medical Attendant.

Address 224 Cathedral Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... of this Certificate.

Board of Health. City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Pugmire

Sex, ~~Male or Female,~~ {~~Cross out the words not required in this line.~~}

Age, ... *Years,* 6 *Months,* 15 *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {~~Cross out the words not required in this line~~}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 5 1/2 yrs

Place of Death, {Give street and number.} 292 Ruxton st

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Fits

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, March the 25th 1878

Undertaker, Wm A Dunne

Place of Business, 1010 Stockton Alley

Chas M Thomas M.D.
Medical Attendant.

Address, 349 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 22nd 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert S. Rogue

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 4 *Years,* 4 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} John St. 3d door east of Eden

Cause of Death, First (Primary,) Valvular deficiency of Heart

Second (Immediate,) Cyanosis

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem't

Date of Burial, Mar 24 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount av

Jno. Brooke Boyle M. D.
Medical Attendant.

Address. 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24198

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gardner

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 97 North Exeter St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Chronic complications Jaundice

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 20th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Augustus Shortzer M. D.
Medical Attendant.

Address, 11 S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lana V. Hammond

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 171 Sarah Anne st

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24 1899

Undertaker, S. H. Shaw

Place of Business, 19 Hartford st

Frank W Gunor M. D.
Medical Attendant.

Address 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Instructions printed on the reverse side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday March 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nugent

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, Sixty *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Montgomery County Maryland

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number.} 121 York St

Cause of Death, First (Primary,) Chronic Valv. Disease of Heart

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24 1892

Undertaker, S W Chase

Place of Business, 5 Howard St

Silicus Hall M.D.
Medical Attendant.

Address, Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmira Alvina Ennes.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* —— *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 96 Cambridge St.

Cause of Death, First (Primary,) Meningitis.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 24th 1878

Undertaker, H. Hochrein

Place of Business, 246 Eastern Av.

St. Geo. Keene M. D.
Medical Attendant.

Address 128 Park Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 21202

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21202

The Physician who attended any [illegible] last illness is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine King

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Md

Place of Death, {Give street and number} 266 S. Dallas St

Cause of Death First, (Primary,)

Second, (Immediate,) Tuberculosis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 25th 1878 James A Lincoln M. D.
~~Medical Attendant.~~

Undertaker, M. A. Daigle

Place of Business, Broadway Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Dr J. F McShane

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23d at 9½ Oclock A M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Kirby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* 11 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 years 3 mo 11 days

Place of Death, {Give street and number.} 37 Columbia Ave N W Cor of Greene st

Cause of Death, {First (Primary.) Diphtheria
Second (Immediate.) Asthenia

Duration of Last Sickness, 8 day

All the above information should be furnished by the Physician.

Place of Burial, ~~Boyonia Road~~ Old Cathedral cemetery

Date of Burial, March 25-1878

Undertaker, John S Thacher

Place of Business, No 150 Camden

Geo. H. M. Hunter M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 242 04

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 23d 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Durrum Beasley

~~*Sex*~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — 5 *Months,* 12 *Days.*

Color, *Sex,*

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, 5 mos 12 days

Place of Death, {Give street and number.} 234 Fremont

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Exhaustion [illegible]

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetry

Date of Burial, 24th March 78

Undertaker, Hyman Jenkins & Son

Place of Business, 10 & 12 Light St

D W Kemp M. D.
Medical Attendant.

131 N Charles St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad C. Smith,

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 51 President St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, March 25th

{*Undertaker,* Peter Frey

Place of Business, 91 Eastern Ave

Abram B Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Cairns

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 137 Hartford Ave

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Cem

Date of Burial, Mar 24 98

Jno. Brooke Boyle M.D.
Medical Attendant.

Undertaker, Jas F Bryne

Place of Business, 63 Front st

Address. 616 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Issued Permit No 2105

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie M Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Months, 2-1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Argyle Ave

Cause of Death, {First (Primary,) . Second (Immediate,) Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Charles Co.

Date of Burial, March 27th 1878

{*Undertaker,* Andrew Litze
Place of Business, 118 Druid Hill Ave

F. E. Chatard Jr. M. D.
Medical Attendant.

Address 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No 1039

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. March 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Kraft

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Three (3) *Years,* Six (6) *Months,* ——— *Days*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Falls City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 97 Sauer's Ct. Alley

Cause of Death, First (Primary,) Croupous Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch'm

Date of Burial, March 25

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Geo. Weber M.D.
Medical Attendant.

Address. 61 Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Rehn. Wickes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 24 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 471 W Lombard St

Cause of Death, First (Primary,) Sentiment + Whooping Cough

Second (Immediate.) Convulsions

Duration of Last Sickness, About 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 25th 1878

Undertaker, Joseph B. Cook

Place of Business, 707 W. Baltimore Street

E Goverlox M. D.
Medical Attendant.

Address 289 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Albert Eliason

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Four Years, Eight Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 245. Dolphin St.

Cause of Death, {First (Primary.) Diphtheria / Second (Immediate.) Diphtheria}

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount. Olivet

Date of Burial, March 25th.

Undertaker, Jas. Blackistone

Place of Business, West Baltimore St

A. G. Fox M.D.
Medical Attendant.

Address, 534 Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Hooker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty four Years, Months, Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 61 Paine St

Cause of Death, {First (Primary,) Intussusception

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. H. White, M. D.

Medical Attendant.

Date of Burial, Mar 25th 1878

{*Undertaker,* Geo. L. Kessler

Place of Business, 39 E. Eager St. } *Address* 241 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Magness

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* 2 *Months,* 25. *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 233 Mulberry St.

Cause of Death, First (Primary,) Croup.

Second (Immediate,) Chronic

Duration of Last Sickness, three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25th

Undertaker, F. N. Troll

Place of Business, 131 Hanover St.

L. C. Horn M.D.

Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellie Baylis

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 Parkin L.

Cause of Death, {First (Primary.) / Second (Immediate,)} Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 25-78

Undertaker, J W Ralman

Place of Business, 36 Boyd St

L. L. Stern M.D.

Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Halliday

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clergyman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 253 Hanford Ave

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, march 25/78

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Thomas Shearer M. D.
Medical Attendant.

Address 97 E. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stubach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Month *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} No 85 Harrison St

Cause of Death, First (Primary,) Chronic Diarrhoea

Second (Immediate,) Inanition

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26th 1878

Undertaker, Hughes & Co

Place of Business, 65 & Broadway

E. L. Williams M. D.
Medical Attendant.

Address 17 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mortimer L. Austin

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Auctioneer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Connecticut

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 438 E. Chase St.

Cause of Death, {First (Primary,) ... {Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick cemetery

Date of Burial, March 26th 1878

{*Undertaker,* Hughes & Co
Place of Business, 66 S. Broadway} *Address* 94 S. Broadway

Aug. R. Emich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Soller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Seven Months, Ten Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 192 Fairmount Avenue

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25th 1878

Undertaker, Hughes & Sloan

Place of Business, 66 S Broadway

Wm. H. Clendinen M.D.
Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24218

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Boyle

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 5 — *Months,* 11 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 166 Ramsay St —

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Meningitis

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 25

Undertaker, P F Cook

Place of Business, [illegible] Baltimore

J R McShane M. D.
Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Georg Christoph Günther

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 73 *Years,* 3 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Retired from business

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany — Gottingen 25 years U. S.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} Vine Street 114

Cause of Death, First (Primary,) Old age

Second (Immediate,) Chronic bronchitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery Dr. F. Reinhard M. D.
Medical Attendant.

Date of Burial, 25 March

Undertaker, H. Kummert

Place of Business, 317 Mulberry *Address* 214 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 25 1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Campbell

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 60 Aisquith St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Old Glick Cemetery

Date of Burial, 25 March 2 Oclock

Undertaker, Geo. C. Fortenmayer

Place of Business, 38 Canton Ave

Saml J. Bell M.D.
Medical Attendant.

Address, 134 E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Fiehe

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ~~——~~ *Years,* ——— *Months,* Seven *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Italy,

Duration of Residence in the City of Baltimore, Seven days

Place of Death, {Give street and number.} # 878 W. Baltimore St.

Cause of Death, {First (Primary,) Premature birth — wt. 2½ lbs.

Second (Immediate,) Convulsions

Duration of Last Sickness, Sick from birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 25-11

{*Undertaker,* Wm. Fiehe,

Place of Business, W. Baltimore St

J. L. Smithson M.D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah G. Sloan

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 35 *Years,* 6 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Holland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 72 Albemarle St.

Cause of Death, First (Primary,) Miscarriage

Second (Immediate,) Puerperal Fever

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26. 1898

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

Abram B. Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Shudden

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3 hours *Days*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 182 Hanover st

Cause of Death, {First (Primary,) Second (Immediate,)} Miscarriage in 6th month. Hemorrhage

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 25 78

Undertaker, Franklin & Denny

Place of Business, 1624 Light st

H. H. Webster M.D.
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25. 1918

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bridgeman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 10. *Months,* 28. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 357. William St

Cause of Death, {First (Primary,) Tuberculosis Meningitis
Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cem

Date of Burial, March 26 18

Undertaker, B. Hartle

Place of Business, 411 Light St.

Sheridan Cribb M. D.
Medical Attendant.

Address 146 - Gloucester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Francis Romm

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* 11 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 81 Lemon St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus (in)

Date of Burial, March 26 1/4

Undertaker, Andrew Knell

Place of Business, 206 Columbia St

James Bosley — M. D.
Medical Attendant.

Address Cor Hollins Mount Sts
Balto, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M & Antonijs

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 30 *Years,* 3 *Months,* 6. *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 851 W. Pratt.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness, 11 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 27th March

Undertaker, J Kimmel

Place of Business, 317 Mulberry St.

E. L. Otten M.D.
Medical Attendant.

Address, 926 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony C. Wolf

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 11 *Months,* 23 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer Grocer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 143 S. Sharp St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Chronic Dysentery

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, 26th of March

Undertaker, P. Kinnaird

Place of Business, 311 Mulberry St.

M. Emmanuel M. D.
Medical Attendant.

Address, 64 N. Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma M. Sherwood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 18 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, About Six months

Place of Death, {Give street and number.} Cor. Monroe & Lombard

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 26-1878

Undertaker, C. H. Blizzard

Place of Business Cor Penn Ave & Dolphin St.

Med'l Hall M. D.
Medical Attendant.

Address Cards P.O.
Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Lewis Barber

~~*Sex.*~~ *Male or* ~~*Female.*~~ {Cross out the words not required in this line.}

Age, ~~7~~ *Years,* 15 *Months,* *Days*

Color, Red

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 89 Canal alley

Cause of Death, First (Primary,) Teething

Second (Immediate,) spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27th

Undertaker's Stewart & Mowen

Place of Business, 35 Park Ave

Geo Dunnyhill M.D.
Medical Attendant.

Address, 129 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Oakford King

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 272 Druid Hill Ave

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate,)}

Duration of Last Sickness, 38 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cy.

Date of Burial, March 26

Undertaker, Stewart & Mowell

Place of Business, 35 Park Ave

P. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible] ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24231,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 24th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dno. Gallihan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, W—

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland —

Duration of Residence in the City of Baltimore, — No Residence

Place of Death, {Give street and number.} Balto. Genl Dispy- Fayette & Liberty 8th

Cause of Death, First (Primary,) Metritis

Second (Immediate,) Haemorrhage

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, March 26th 78

Undertaker, [illegible]

Place of Business, [illegible]

H. F. Lockwood M. D.
Medical Attendant.

Address Balto. Genl Disp'y

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24232

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kines

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 52 *Years,* 11 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Emmitsburg Md. 52 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 William St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 27 1878

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Washington

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 11 *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 82 Sterling St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 26th 1878

Undertaker, Saml W. Chase

Place of Business, Howard St

M. D.

~~Medical Attendant~~

Address Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Dr. Silas. W. Hunter

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert McGall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9m 2d *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During his life time

Place of Death, {Give street and number.} 253 E Monument St

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, March 26 1878

Undertaker, Byrne

Place of Business, 63 Fountain

E Geo Wells M. D.
Medical Attendant.

Address 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Ohm

~~*Sex.*~~ *Male* ~~*or Female,*~~ {Cross out the words not required in this line.}

Age, 75 *Years,* 3 *Months,* 6 *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 208 E. Lombard

Cause of Death, First (Primary,) Hepatitis

Second (Immediate,) Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 27 1878

Undertaker, John Sabe

Place of Business, 195 E. Balto St

J. Mathieu M.D.
Medical Attendant.

Address, 245 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. E. Reynolds

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 57 Patterson Pl

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 57 Patterson Pl

Cause of Death, {First (Primary,) .....
Second (Immediate,) Scrofula

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem D. H Mantin M. D.

Date of Burial, March 27 1878 Medical Attendant.

Undertaker, H. Sanders

Place of Business, Canton ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1898 (Friday)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos Washington Biles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 1145 Hamburg St

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number.} 1145 S. Hamburg St

Cause of Death, First (Primary,) Bronco Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 26th 1898

Undertaker, Wm Sheehy

Place of Business, 1150 Canton Ave

Jno D Blake M. D.
Medical Attendant.

Address 1150 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy B. Cairns

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number} 187 Arlington Ave Richmond Pulmonary

Cause of Death {First, (Primary,)

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 26th

Undertaker, R. Mannix & Son

Place of Business, 92 N. Howard St

E. W. Hellenberg M. D.
Medical Attendant.

Address, 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1878

CERTIFICATE OF DEATH.

Date of Death, March 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas McGrath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eleven (11) *Years,* Four (11) *Months,* Two (2) *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 27 Fourth St

Cause of Death, First (Primary,) Typhoid Fever with Ulceration

Second (Immediate,) Peritonitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 26th 1878

C. O. McDowell M. D.

Medical Attendant.

Undertaker, I B Carl

Place of Business, No 704 W Baltimore Street *Address* 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} G. C. Joyce Joyce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 10 Stennett St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Stennett

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 26th

R. K. Knaus M. D.
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw st *Address* 834 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

s is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

d of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

42

any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* erson superintending the burial, within *twenty-four hours* after the death of said deceased, or der penalty of law.

FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1878 BALTIMORE

ERTIFICATE OF DEATH.

25th March

Write legibly and spell correctly. If an infant not named, give names of parents. — Katharina Lefso

s out the words not red in this line. —

4 Years, 6 Months, — Days

Widower, {Cross out the words not required in this line.} — Widow

nd how tates, if — Germany

the City of Baltimore, — ab. 28 years

and — 245 E. Chase St

nary,) — old age.

nmediate,) — ab. 6 months

s, uld be furnished by the Physician,

Cohenwald Co'r March 27 1878 Germany Health Central Dist

Address, 59 st. aquinet st.

C Hoffmeister M.D.
Medical Attendant.

gulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

urther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty d during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, rtained, the full name, sex, age and condition (whether married or single) of the person deceased. ath, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Eliza Ross

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.} —

Age, *Years,* None *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 336 Hamburg St

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) ~~Inanition~~ Anaemia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet

Date of Burial, March 27th/78

Undertaker, Wm J Tickner

Place of Business, 65 S. Eutaw st

A. Wolf Cottman M. D.
Medical Attendant.

Address 369 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Special Regulations of Physicians is

Board

Permit No. 24424

The Physician who attended any
out, to the Undertaker or other perso
sooner, if requested so to do, under
No Permit for

CE

Date of Death.

Full Name of Deceased, { Wri
corr
not
of t

Sex, Male or Female, { Cross out
required

Age, 8 A

Color,

Married, Single, Widow or W

Occupation,

Birthplace, { State or country (and h
long in United States
of foreign birth.)

Duration of Residence in the

Place of Death, { Give street and
number.

Cause of Death, { First (Primary

Second (Immed

Duration of Last Sickness,

All the above information should

Place of Burial, St Ma

Date of Burial, May

Undertaker,

Place of Business,

Extract from Regula

Section 2. And be it furthe
of the Physician who attended du
within forty-eight hours after the
as far as the same can be ascertain
and the cause and date of death.

KODAK SAFET

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Cheny

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 O alley

Cause of Death, First (Primary,)

Second (Immediate,) Capillar Bronchit

Duration of Last Sickness, abt 3 week

All the above information should be furnished by the Physician.

Place of Burial, W. Pueblo Cem H. A. Underwood M. D.

Date of Burial, Mch 26th 1878 Medical Attendant.

Undertaker, L. LeGourde

Place of Business, 1 Mount St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 242414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Trapp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gentleman, Market Master

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} 191 Dallas St.

Cause of Death, First (Primary,) A fall, followed by intercurrent Pneumonia

Second (Immediate,) A sudden attack of Apoplexy (after he was convalescing) from which he died in a few minutes

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27th 98

Undertaker, Geo Schilling

Place of Business, 45 Holland Lane

J. D. Thomson M. D.
Medical Attendant.

Address 248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Hawkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give street and number.} 162 N Eutaw St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 Months & five days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Edward McDevitt M. D.

Date of Burial, March 26 1878 Medical Attendant.

{*Undertaker,* Geo Rodenmeyer *Address* 137 N Eutaw St.

{*Place of Business,* Ensor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1878

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Burke

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 38 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~County~~ County Mayo, Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Hull st, Locust Point

Cause of Death, First (Primary,) Pulmonary tuberculosis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 27, 1878

Undertaker, M. A. Daigh

Place of Business, 74 S. Broadway

P. G. Dausch M.D.
Medical Attendant.

Address, 27 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Morris Cooper

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 20 *Days*

Color, White

~~*Married, Single, Widow or Widower*~~; {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 189 Jefferson St

Cause of Death, {First (Primary.) Diphtheria

Second (Immediate,) Paralysis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26. 1878

Undertaker, M. A. Dwyer

Place of Business, 74 N. Broadway

Thomas J. Evans. M.D.
Medical Attendant.

Address, No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel B Stanley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Segar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 175 Penna Av

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, about 18 Months

All the above information should be furnished by the Physician

Place of Burial, Louden Park Cemetery

Date of Burial, March 28 1878

H Darling *M. D.*
Medical Attendant.

Undertaker, J J Chalmers

Place of Business, 262 Penna Ave *Address* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday March 25th 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isidore May

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 73 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bamberg Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 188 E. Baltimore

Cause of Death, First (Primary,) Asthma

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, March 27th 1898

Undertaker, M. Langfood

Place of Business, 81 Gough St.

Chas B. Knott M.D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24250

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th am. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vitus Rudolph.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* 1 *Months,* 20 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Upholsterer.

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Brettenworbis Prussia.

Duration of Residence in the City of Baltimore, 28 years —

Place of Death, {Give street and number} 334. Orleans ev Wolf 4k

Cause of Death, First, (Primary.) Cancer of Stomach

Second, (Immediate,) do — Marasmus —

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, March 27th 1878

Undertaker, Hughes & Co

Place of Business, Broadway

M. O. Dehmer M. D.
Medical Attendant.

Address, 86 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavina Kane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Unknown *Years.* About 30 yrs *Months,* *Days.*

Color, colored *Sex,* female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charlestown Va

Duration of Residence in the City of Baltimore, 12 Yrs

Place of Death, {Give street and number.} 13 Penal

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 mo

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemy

Date of Burial, Mch 26 78

H. A. Underwood M. D.
Medical Attendant.

Undertaker, L. LeGourde

Place of Business, Mount St

Address Homeopath Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 24252

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th, 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cole.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Holland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 42. Conniston Ave

Cause of Death, {First (Primary,) — Second (Immediate,) Pneumonia (Typhoid)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 27 1898

Theodore Cook M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, # 283 Light St

Address 146 Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2 4 2 5 3.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Travers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 7 *Months,* 9 *Days.*

Color,

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Somerset Co. Maryland (Eastern Shore)

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} No 179 Nicholas St

Cause of Death, {First (Primary,) Heart disease

{Second (Immediate,) Suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 28th March 1878

Undertaker, A. Jenkins & Son

Place of Business, 16 Light St

Reggin Buckler M. D.
Medical Attendant.

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Norman Baldwin Smith

~~Sex,~~ *Male or Female,* {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, white *Sex,* Male

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 704 W. Baltimore St.

Cause of Death, First (Primary,) Interstitial Meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Bd. Hebr Cemetery / Shelton Hill M. D.

Date of Burial, March 27th 1878 Medical Attendant.

Undertaker, Wm Lilac *Address* 432 W. Fayette St.

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24,255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard A Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days.*

Color, *Sex,* Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coal Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel County Md

Duration of Residence in the City of Baltimore, About 16 years

Place of Death, {Give street and number.} 13 Haw St.

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 27th 1878

W. H. Thompson, *M. D.*
Medical Attendant.

{*Undertaker,* Theodore F Locke

Place of Business, 56 Jefferson St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Elizabeth Wegen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Myrtle ave

Cause of Death, {First (Primary,) Puerperal Fever

{Second (Immediate,)

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 29

Undertaker, P Bannert

Place of Business, 131 Mulberry st

S. T. Knight M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L Lee

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 & 12 Little Pine st

Cause of Death, {First (Primary,) ..... Second (Immediate,) Infant. Convulsions 12 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28th 1878

{*Undertaker,* Horace Lee

Place of Business, 12 Little Pine St *Address,*

Geo C McCormick *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York Road Balto Co Md

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} 19 Wagon Alley

Cause of Death, {First (Primary,) Anasarca

{Second (Immediate,)

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28 1878

John F. Brown M. D.
Medical Attendant.

{*Undertaker,* B. W. Chase

{*Place of Business,* 5 Howard St

Address 257 Montgomery St Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1878 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Grace Marsh

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, *Years,* 10 *Months,* 2 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Fayette 191

Cause of Death, {First (Primary,) Measles / Second (Immediate,) Tuberculosis of Brain

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28/78

Undertaker, Fry & Bro

Place of Business, 154 N Broadway

E. C. Baldwin *M. D.*
Medical Attendant.

Address, 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml Shafford

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 27 Years, Months, Days.

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 141. E. Pratt St

Cause of Death, {First (Primary,) Hepatitis {Second (Immediate,) 8 weeks

Duration of Last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, March 28th 1878

Undertaker, Hy K. Means

Place of Business, 215 N Gay St *Address* F. A. McManus M. D. Medical Attendant.

11 N Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Gutermuth

Sex, Male or Female, {cross out the word not required in this line.}

Age, 13 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 184 N Gilmor st

Cause of Death { First, (Primary,) Scrofulosis
Second, (Immediate,)

Duration of last Sickness, 7 years

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, March 28th 1878

Undertaker, C B Cook

Place of Business, No 707 N Baltimore Street, *Address,* 76 Hart

J H Emmert *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 24262

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other [illegible] or sooner, if requested so to do, u[illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Kramer

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 131 Little Green St

Cause of Death { First, (Primary.) Convulsions
Second, (Immediate.)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Mch 28 1878

Undertaker, L. F. Herald

Place of Business, Hanover St

Thos A Shaw M. D.
~~Medical Attendant~~

Address, Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr Paul A. Bell

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Johnson

Sex, ~~Male,~~ *Female,* { Cross out the words not required in this line. } Female

Age, 66 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~ Widow ~~or Widower~~, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } 25 S. Fremont

Cause of Death, { First (Primary,) Pulmonary Consumption

Second (Immediate,) 6 months "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 29th 1878

Undertaker, Henry H. Mears

Place of Business, 45 N Eutaw St

Thomas Opie M.D.
Medical Attendant.

Address. 390 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24264

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 27 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick A. Schauve

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 8 Federal St

Cause of Death { First, (Primary.) Convulsions
Second, (Immediate,)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mch 28 1878

Undertaker, Lee Schilling

Place of Business, Monument

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr Silas W. Hunter

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26/98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Lyons

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Miner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} Balto Hospital

Cause of Death, {First (Primary,) Explosion of Dynamite

{Second (Immediate,) Shock

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, March 29th

{*Undertaker,* Geo Schilling

{*Place of Business,* Ashland Ave

Geo Corkery M.D.
Medical Attendant.

Address. 788 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, and should present it to him before the burial, or sooner, if requested so to do, under penalty of the law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Proctor (Mother)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* One hour *Months,* ——— *Days.*

Color, Colᵈ

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 199 Harmony Lane

Cause of Death {First, (Primary,) Convulsions / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, March 27 1878

Undertaker, S W Chase

Place of Business, Howard St

Sam'l Shivers M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr Silas Baldwin

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha F. Martin

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Years, 6 Months, 27 Days.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 218 S. Sharp St.

Cause of Death First, (Primary,) Morbis Ventilation

Second, (Immediate,) Meningitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, March 29th 1878

Undertaker, John H. Coulson

Place of Business, Pratt St. *Address,* 528 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Simpson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1. *Years,* —— *Months,* 14 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 9. X Alley

Cause of Death, {First (Primary,) ... Second (Immediate,)} Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 28 1878

Undertaker, Charles A White

Place of Business, 35 Granby Street

Thurston Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 9 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 571 W. Fremont St

Cause of Death, {First (Primary,) Diphtheria / Second (Immedinte,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28th 1878

Undertaker, Andrew Leitz

Place of Business 118 Druid Hill Ave

Wm. Gray Jr. M.D.
Medical Attendant.

Address Gay & Preston Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt Isaac L Soule.

Sex, Male or ~~Female~~, {Cross on the word not required in this line.}

Age, 71 *Years,* 6 *Months,* 1 *Days.*

Color, White ~~Sex,~~

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia, Pa.

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number.} 148 Bolton St.

Cause of Death, First (Primary,) Enlarged Prostate, & Chronic Cystitis

Second (Immediate,) Uraemia.—

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Hunt Smith M. D.

Medical Attendant.

Date of Burial, March. 28th. 1878

Undertaker, A. M. Jenkins Son

Place of Business, 16 Light st. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th day of March 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elise Silbernagel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 Cay St. Light St.

Cause of Death, First (Primary,) Apoplexy.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, March 28

Undertaker, Fred. Gaede

Place of Business, No. 29. S. Carlton st *Address*

Fred. Tufs. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tina Wunderwasser (Vondenthiel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 311 Eighth St.

Cause of Death, First (Primary,) Insanities

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, March 29th

Undertaker, R. Earle

Place of Business, 411 Eighth St.

Rob't Ellis M. D.
Medical Attendant.

Address 215 Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Watkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Thirty five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 3 Waters Court

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Eight months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27th 1878

Undertaker, Wm H. Bishop

Place of Business, 97 Druid Hill Ave

D. Lacey H. Barclay, M. D.
Medical Attendant.

Address Hanover & Conway Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Peele

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, c d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 3 Stockton alley

Cause of Death, {First (Primary.) Convulsions

Second (Immediate,)

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 28 1878

Undertaker, Wm. P. Dungell

Place of Business, No 10 Stockton Ally

John Griffin M.D.
Medical Attendant.

Address, 558 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary G. Dutton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis Co. Md

Duration of Residence in the City of Baltimore, five yrs.

Place of Death, {Give street and number.} 26 Carlton St.

Cause of Death, {First (Primary,) Pulmonal Fever; Second (Immediate,) Gen. Peritonetis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, A. M. Co. Md

Date of Burial, March 28 1878

Undertaker, Hughes Bro.

Place of Business, W. Fayette St. 67

H. T. Hill M. D.
Medical Attendant.

M. E. Cor. Fremont and Mulberry Sts

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24276.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Murray Tyler Hooper

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 2 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 183 E. Eager St.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Pulmonary Tuberculosis Since its birth.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, March 28th 78

Undertaker, John J Kellenmayer

Place of Business, Cor Fremont ave & Fremont St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 165 Sarah Ann st

Cause of Death, {First (Primary.) Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 29th 1878

{*Undertaker,* Chas. A. White

Place of Business,

H A Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon Neal Kinsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 4 *Months,* 17 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Insurance Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number.} 463 Lanvale St.

Cause of Death, First (Primary,) Brights Disease of the Kidneys

Second (Immediate,) Exhaustion, & general debility

Duration of Last Sickness, About 3 years, Confined to bed 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, March 28th 1878

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

J J Christian M. D.
Medical Attendant.

Address 731 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FI

No. 24279

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Morrison

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 205 N. Durham St

Cause of Death {First, (Primary,) Cold
Second, (Immediate,) Croup

Duration of last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28th 1878

Jas. A. Stewart M. D.

{*Undertaker,* Chas. A. White
Place of Business, 35 Granby St *Address,* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr. E. Geo Walls

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Howser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 591 Lexington st

Cause of Death, First (Primary,) Measles

Second (Immediate,) Congestion of lungs

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 29th 1878

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address* 289 W Fayette St

E Glover Ex M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 24281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia R. Magill

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 215 Constitution St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 29th 1878

{*Undertaker,* H. M. St. Baltimore

Place of Business, 697 E. Bay St.

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml. Aldige

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 yr *Years,* 6 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton Co Pa

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 40 W. Lafayette St

Cause of Death, First (Primary,) Measles

Second (Immediate,) Coma

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Bush Cemetery

Date of Burial, March 30 1878

Undertaker, Wm. E. Wiemuth

Place of Business, 341 Pa. Ave

D. Shriner M. D.
Medical Attendant.

Address 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24283.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hisson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 82 ½ Hanover Street.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 7 King Street.

Cause of Death, First (Primary,) Cold

Second (Immediate,) Membranous Croup

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 28th 1878

Undertaker, John Train

Place of Business, High St *Address*

Jos: E Blagett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antonia Grzeblack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Seven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven days

Place of Death, {Give street and number.} 23 Howard Street

Cause of Death, First (Primary,) "Tetanus Neonatorum"

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Jno. C. Murphy, M. D.

Date of Burial, March 29 1878 Medical Attendant.

Undertaker, John P. Paulus *Address* Carroll P.O.

Place of Business, 66 Federal St. Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24285.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. C. Wiley & Ella B. Wiley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give street and number.} 171 West Conway Street

Cause of Death, {First (Primary,)} Natural

{Second (Immediate,)} Asphyxia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet.

Date of Burial, March 28th 1878

Undertaker, H. Brill

Place of Business, 81 Hanover St

E. C. Wiley M. D.
Medical Attendant.

Address 252 Hanover St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Balto Md March 28/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harold Sluder Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 1 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 66, E. Balto St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66, E, Balto St.

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,) Pneumonic Trouble

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem, W. H. Crim M. D.

Date of Burial, March 30th 78 Medical Attendant.

Undertaker, Thos J Hughes *Address* 185 Hopkins Pl

Place of Business, 60 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bolin

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 44 Bank St.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th 1878

{*Undertaker,* Theodore Lockz

{*Place of Business,* 56 Jefferson st

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 27 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana H Mullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 2 10 N Bond

Cause of Death, {First (Primary,) ..... Second (Immediate,) Congestion of Brain} Three Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 29th 1878

Undertaker, Vaughn & Co

Place of Business, 658 Broadway

C F Mullen M. D.
Medical Attendant.

Address 23 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24289 · OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1878 March 28th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Smith

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, *Years,* *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland Balto Co

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } Balto Penn. Ave 879

Cause of Death, { First (Primary,) Catarrh / Second (Immediate,) Pneumonia.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Tuesday

Undertaker, Armstrong & Denny

Place of Business, No 269 Light

Wm T Larkin M. D.
Medical Attendant.

Address Cary St near Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Addie Augusta Manfield

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and number.} 209 Biddle St.

Cause of Death, {First (Primary,) Tubercular Meningitis / Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, March 29

Undertaker, C H Blizzard

Place of Business, 201 Pen Av

J. Miller M. D.
Medical Attendant.

Address 84 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha Wheeler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Madison St. 149

Cause of Death, First (Primary,) Serrhus Stone

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem^y

Date of Burial, March 29 78

J. D. Mahon M. D.

Medical Attendant.

Undertaker, John J Rodenmayer

Place of Business, Cor Monument & Eden Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24292

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hearn

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 76 *Years,* — *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Keeps house

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 386 E. Chase St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 29 1878

{*Undertaker,* Charles H. Hearn

Place of Business, 161 Hanover St}

C. C. [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice V Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* Eleven *Months,* *Days.*

Color, Dark brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Eleven Months

Place of Death, {Give street and number.} No 8 Wrights Alley

Cause of Death, {First (Primary,) unknown / Second (Immediate,) Convulsions}

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, March 29 1878

Undertaker, L. Le Gourdey

Place of Business, Mount St

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Bob

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR
29
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Lehanio

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 53 Appleton St.

Cause of Death, First (Primary,) Bright's Disease of kidneys.
Second (Immediate,) Uremic poisoning.

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 30 1878

Undertaker, Frederick J Naumith

Place of Business, 424 Saratoga St

Address Park Ave & Mulberry St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday 29th/98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick H. Haas

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 1 *Years,* *Months,* 24 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 Albemarle St

Cause of Death, {First (Primary,) M Enteritis

Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 30/98

J. S. Arnold M. D.
Medical Attendant.

Undertaker, J. H. Manning

Place of Business, 131 E. Baltimore St Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pitt Louis Reginald Le Brun

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* 29 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number.} 50 N Calvert St

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,) do —

Duration of Last Sickness, Abut 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 29

Undertaker, Abraham Waymouth

Place of Business, 300 Saratoga St

W. H. Hammond M.D.
Medical Attendant.

Address, 64 N Paca St
Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24297

The Physician who attended any person in [illegible] last illness is [illegible] to fill out, to the Undertaker or other person [illegible] the death of said [illegible] sooner, if requested so to do, under penalty [illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Zachariah Wesley (Parents)

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 167 King St

Cause of Death { First, (Primary,) Not
Second, (Immediate,) Imperfect Formation of Heart

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30th 1878

Undertaker, A Wayman

Place of Business, Saratoga St

James H Steuart M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr H. Darling

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. Scott

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 70 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, Seaman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Val. Dis of Heart
Second (Immediate,) Apnoea

Duration of Last Sickness, 2 minutes

All the above information should be furnished by the Physician.

Place of Burial, Western P. C.

Date of Burial, Mch. 24th

Undertaker, L. Le Gouvre

Place of Business, Supt W. P. C.

J. T. Shupe M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

~~Date of Death~~, Name

~~Full Name of Deceased~~, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Charles Lang

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ~~0~~ Years, 7 Months, ~~0~~ Days

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 160 S. Bethel Street

Cause of Death, {First (Primary,)} Pneumonia

{Second (Immediate,)} Cyanosis, suffocatio

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Spring Grove

Date of Burial, March 30th

{Undertaker, H. Crockett

{Place of Business, 216 East Fayette St.

A. Mathew M.D.
Medical Attendant.

Address, 245 S. Bethel St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th March 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lewis Edwards

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anna Arundel Co Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 5 Stockton Alley

Cause of Death, First (Primary,) —

Second (Immediate,) Chronic Albuminuria

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th 1876

Undertaker, Wm N. Dunger

Place of Business, 10 Stockton Aly

C. H. Jones M. D.
Medical Attendant.

Address 53 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James William Hughes

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 7 *Years,* 11 *Months,* 14 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 10 Stirling St.

Cause of Death, {First (Primary,) Pneumonia,

Second (Immediate,) 3 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th 1878

{*Undertaker,* Wm H. Burkhardt

{*Place of Business,* 94 Druid Hill Ave

J. H. Hack M.D.
Medical Attendant.

Address, 455 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L Smith

Sex. Male or Female, {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N W Cary st & Harlem Ave. 242 Cary st

Cause of Death, First (Primary,)

Second (Immediate,) Suicide

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Mar 30th

Undertaker, Forsburgh

Place of Business, 319 E Lemmon Ave *Address,*

Geo C Ogle Coroner M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Holt

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

Age, ___ *Years,* 2 *Months,* 1 *Days.*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.} ___

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 6. Mc Elderry St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 30 - 1878

Undertaker, Jas P. Byrne

Place of Business, N. Front St.

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1878 BALTIMORE

Date of Death, 28th. March. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anny Hagelgans.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 weeks *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} Spruce Alley Nro 11.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pleuro, Pneumonia 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Lemetery

Date of Burial, March 30th 1878

Undertaker, C. Eckhard

Place of Business, 269 Canton Av

William Henkel M. D.
Medical Attendant.

Address S. Wolfert & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Mette

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~B~~ Chicago Ill.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 600. Fred. Ave. & Pulaski St

Cause of Death, {First (Primary,) Diptheria / Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, March 31st

{*Undertaker,* Jno. P. Paulus / *Place of Business,* 66 Fred. Ave.

H. W. Weber M. D.
Medical Attendant.

Address 320 W. Lombard St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on b

Board of Health, City of Baltimore,

Permit No. 24306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander M. Aiken

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Joseph's Hospital -

Cause of Death, {First (Primary,) Cirrhosis of Liver -
Second (Immediate,) Exhaustion -

Duration of Last Sickness, about 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 31st 1878

Undertaker, Hughes & Co

Place of Business, 66 S. Broadway

Oscar J Cockey M. D.
Medical Attendant.

Address. 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Hyer

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 53 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Northumberland Co Pa.

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 227 Hoffman St.

Cause of Death, {First (Primary.) Old age / Second (Immediate,) Paralysis

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, March 30/78

Undertaker, Stuart & McCann

Place of Business, 35 Park Ave

A. C. Fox M.D.
Medical Attendant.

Address, 154 Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24308 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Langlois

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, One Months, two Days.

~~Color~~,

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No. 76 E. Biddle near Eastmore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 76 E. Biddle

Cause of Death, {First (Primary,) ; Second (Immediate,)} Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 29

Undertaker, Mr Kirkman

Place of Business, Grainer

A. A. White M. D.
Medical Attendant.

Address 241 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 30 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Emanuel Rosenthal~~, March 29th 1898.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Rosenthal,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of his life.

Place of Death, {Give street and number.} 1144 E Lombard St, Balto.

Cause of Death, First (Primary,) Chronic Inflamation of Bladder

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, I. P. R. T Company *Chas. Hartt Hall* M. D.

Medical Attendant.

Date of Burial, March 31st 1898

Undertaker, W. Egan *Address*

Place of Business, 101 Gough St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Francis Smith.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 8 *Months,* 29 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 461 Franklin St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheria & Croup.

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 30 1878

Undertaker, Jas H. Loane

Place of Business, 598 W Balto St

N. C. Fox M. D.
Medical Attendant.

Address, 151 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1878 C. OF BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H. Conway

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 51 East Watson St

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheritic Croup 2 days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, March 30

Undertaker, J B Cook

Place of Business, 704 W Baltimore

Silas W. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1878 BALTIMORE

Date of Death, March 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Killaine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Glenallen Butts Co

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number.} 195 N Chestnut st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemmorrhage, Instantaneous.

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 31st 1878

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address* 132 N Front st

A. P. P. Coates M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24313 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Adell Summers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 757 Central Ave

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

M. D.
Medical Attendant.

Address 28 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1878

CERTIFICATE OF DEATH.

Date of Death, March 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. F. McDonald Fairman

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 4 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~New~~ Essex Co. Virginia

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} # 428 E. Chase St.

Cause of Death, First (Primary,) Tentatina Anginosa

Second (Immediate,) Apnoea

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st

Undertaker, Geo Schilling

Place of Business, Oldtown Depot

A. Hartman M.D.

Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 24315

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam C Betts

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Corn Doctor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Js Hospital

Cause of Death, {First (Primary,) Delirium Tremens

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Dr Attd. - 5 Days -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 30th 1878

Undertaker, H. W. Means

Place of Business, 115 N Gay St

Oscar J Cookery M.D.
Medical Attendant.

Address, 188 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pet. Henry Conn

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ~~1 Years,~~ ~ *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.} X

Occupation, ~~Laborer. Cook. Waiter. and Sailor~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cuba.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Fulton Road near 12 Broadway

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Asthenia.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician

Place of Burial, St. Vincent Cemetary

Date of Burial, 30 March 1878

Undertaker, Charles A White.

Place of Business, No 35 granby st

Address 26 [illegible]

D. E. [illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 30 1898

Date of Death, March 27. '98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ingt. Duncan

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 32 *Years,* 10 ~~x~~ *Months,* 4 ~~24~~ *Days*

Color, cl

Married, ~~Single, Widow or Widower~~, {~~Cross out the words not required in this line.~~}

Occupation, Machinemar

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 52 yrs

Place of Death, {Give street and number.} 2614 Ruby

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31st 1898

{*Undertaker,* Wm. M. Dunger

Place of Business, cor Pitt & Stockton Ally

G. E. Cashman M.D.

Medical Attendant.

Address, 3 & Ludwig

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 24918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Elizabeth Lockett

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 65 Lemmon St.

Cause of Death {First, (Primary.) Marasmus

{Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Shrunk St Cemetery

Date of Burial, March 31 1878

Undertaker, S. H. Chase

Place of Business, 161 S. Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 2 weeks *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore 2 weeks

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 730 Aisquith

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) ———

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, March 31 1878

C. A. H. Fuller *M. D.*
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 8 Howard

Address 16 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cohen

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 74 *Years,* 5 *Months,* 24 *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Frederick Co. Md

Duration of Residence in the City of Baltimore, On visit about a Month

Place of Death, {Give street and number.} 281 Ramsey St

Cause of Death, First (Primary,) Decrepitude of old Age

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, ~~do~~ Ten days

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown

Date of Burial, April 1st

Undertaker, Blackiston & Son

Place of Business, 606 W. Balto. St.

W. McMechen M. D.
Medical Attendant.

Address, 1 N. Fayette Between Pa & Calvert Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1040

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2432/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fenton Brown

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore Baltimore

Cause of Death, {First (Primary,) Cancer of Testicle

Second (Immediate,) Peritonitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 1st 1878

Undertaker, Armstrong & Conroy

Place of Business, 263 Light St

T. A. Ashe M.D.

Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 24324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE... MAR 31 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30 1878 (Evening)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Barroughs

Sex, Male or ~~Female~~ {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Asylums & Hospitals

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Broken voltage

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, April 1st

Undertaker, H. W. Mears

Place of Business, 45 N. Gay st

H. G. Rueck M. D.
Medical Attendant.

Address, Balt. & Bost. RR.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Frances Hagerstown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, (20) Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washer woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Prince Annes Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 28 Wagon Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31 1878

Undertaker, W H Bishop

Place of Business,

J. L. Bowman M. D.
Medical Attendant.

Address 154 Pennsylvania Ave
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cahill

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stenographer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 17 N. Front St.

Cause of Death, {First (Primary,) Epidemic Fever,
Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, New York State

Date of Burial,

Undertaker, James O Byrne

Place of Business, No 63 N Front St

L. N. Novick M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Funeral 1041

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annah Struth

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, 37 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Cor. High & Watson

Cause of Death, First (Primary,) Disease of the Heart

Second (Immediate,) Oedema of the Lungs & cerebral Congestion

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemy

Date of Burial, April 2nd 1878

Abram B Arnold M. D.
Medical Attendant.

Undertaker, H Zimmerman

Place of Business, 88½ N Howard

Address, Cor S High & Pr

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31. 1.30 p m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ema Tausley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 19. *Years,* 8 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sharpe St No 296.

Duration of Residence in the City of Baltimore, fifteen Years

Place of Death, {Give street and number} No 61 Nord St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Consumption

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Clarke Station N. C. R.R

Date of Burial, Wednesday 3rd

Undertaker, Jacob Muller

Place of Business, No 21 Eamen St.

John J Fiser. M. D.
Medical Attendant.

Address, 81 Nord Eutaw Bld.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

March 1874

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Norris

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 9 *Months,* — *Days*

Color, wht

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} N.E. Cor Richmond & Howard

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Hydro - Pericardium

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 2nd 1878

Glanville Tarrybill M.D.

Medical Attendant.

Undertaker, Jno. J. Andrews

Place of Business, 1164 & 6 Druid Hill Avenue

Address, 129 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Ashby Poulton

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 184 S Paca St

Cause of Death {First, (Primary,) Scrofulasis

Second, (Immediate,)

Duration of last Sickness, 2 mo

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, April 1st 1878

J H Emmey M. D.
Medical Attendant.

Undertaker, Jos Di Lowe

Place of Business, 598 W Balto St *Address,* 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Raymond Stanb

Sex. Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Four *Years,* Three *Months,* eighteen *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} # 147 Carrollton Av.—

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Abscess of right lung

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Martins burg, Va.

Date of Burial, ~~March~~ April 2nd 78

Undertaker, Wright & Co

Place of Business, 20 N. Gayette St

J. S. Smithson M.D.
Medical Attendant.

Address, # 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1043.

[OVER.]

Board of Health. City of Baltimore,

Permit No. 24330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A.E. McMahon

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 4 Ensor st.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Chronic Bronchial Catarrh

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Apl 1. 1878

Undertaker, C.H. Blizzard

Place of Business, 201 Pratt

Jno Brooke Boyle M.D.
Medical Attendant.

Address. 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 24331. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Gotkin

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, white,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Lurer,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexandria Va.

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number} S. Fayette St 409

Cause of Death {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Exhaustion

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 2 1878

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

G. G. Rusk M. D.
Medical Attendant.

Address, Balt. & Wash. Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Watts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} United States Maryland.

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 71. O'Donnell St. Canton

Cause of Death, {First (Primary,) Phythis. Pulmonalis / Second (Immediate,)}

Duration of Last Sickness, several years — ill 10 days last

All the above information should be furnished by the Physician

Place of Burial, Bath Cemetery

Date of Burial, March 1

{*Undertaker,* H Sebastian / *Place of Business,* E Baltimore Canton}

E. H. Dorsey M. D.
Medical Attendant.

Address Boston & Patuxent Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21333, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1 1878 BALTIMORE

Date of Death, 30th March, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Susanna Clark.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29. *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamstress.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 394 W. Lexington st.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Bronchitis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Town

Date of Burial, March 31st 1878

Undertaker, J J Chatham

Place of Business, 262 Penn ave

Albert Stephens, *M. D.*
Medical Attendant.

Address No. 427 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

Permit No. 24334 1/1/1 Office of Registrar of Vital Statistics.

The Physician who atte... out, to the Undertaker or oth... sooner, if requested so to do, ...enalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Shepherd

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 325 W Henry St

Cause of Death {First, (Primary,) Cancer of Womb

{Second, (Immediate,)

Duration of last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 1 1878

M. D.

~~Medical Attendant~~

Undertaker, L. L. Nanuth

Place of Business, 412 Saratoga St *Address,* Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24334

The Physician who atten... out, to the Undertaker or ot... sooner, if requested so to do...

No Pe...

HEALTH DEPARTMENT APR 1 1878 BALTIMORE

Date of Death, March 31st 1878

Full Name of Decea... Jane Shepherd

Sex, ~~Male~~, Female, {...

Age, 50 ... 50 Years ... usual

Color, ... White ... Col

Married, Single, Widow... Single ... Birth Pla...

Occupation, ... Servant ... —

Birthplace, {State or country, (a... long in the United ... if of foreign birth. ... 325 N. Henry St. ... Place of death

Duration of Residence in th... Cancer of the Womb ... Cause of death

Place of Death, {Give street and number ... Two Years ... Duration of Sick...

Cause of Death {First, (Prima... ... Second, (Imm...

Duration of last Sickness, ...

All the above information should...

Place of Burial, West... ... no Physician

Date of Burial, Apri... ... John Reffs M.D.

Undertaker, F. F... ... 537 W. Fayette St

Place of Business, 172 Saratoga St. Address, Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PAINTERS AND STATIONERS.

No. [illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Burkart

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 25 S. Canal St

Cause of Death, First, (Primary,) Purpura Convulsions

Second, (Immediate,) do — —

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 20th [illegible]

Undertaker, Jacob Mullen

Place of Business, 21 Canal St.

[illegible] M. D.
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24336

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher R. Sisson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 35 *Years,* ~~11~~ *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Married

Occupation, Salesman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 80 Park St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Ist Y[illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M.D.
Medical Attendant.

Address, Harrison & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ition of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Arnold Cooper

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 2 *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23 Oxford st

Cause of Death { First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, Died immediately in a convulsion

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, April 1 1878

Undertaker, John C Jordan

Place of Business, 63 Park ave

H Winslow M. D.
Medical Attendant.

Address, 231 W. Biddle st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucius Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 3 Yrs.

Place of Death, {Give street and number.} 98 Newkirk Street

Cause of Death, First (Primary,) Colica Pictonum (Lead)

Second (Immediate,) Morbus Brightii

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2d 1898

Undertaker, John S Mosher

Place of Business, No 150 Camden St

R. H. P. Ellis M. D.
Medical Attendant.

Address 315 Lieb- Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31 March 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* about 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Foundling

Duration of Residence in the ~~City of Baltimore~~ Home 12 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 2. 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St

Marbury Brewer M.D.
Medical Attendant.

Address, 201 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 24340

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th. April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Shag

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73. *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kitzendorf, Bavary, Germany

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} S. Durham street Nro 55.

Cause of Death, First (Primary.) Pleuritis costalis

Second (Immediate,) Paralysis Pulmonum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 3d

Undertaker, H. Diffel

Place of Business, S. Bond st 151

William Hensel M. D.
Medical Attendant.

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Siegel

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 41 *Years,* — *Months,* — *Days*

Color, Wh.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 245 Jefferson th.

Cause of Death, First (Primary,) Phthisis tuberculosa pulmonum

Second (Immediate,) Kachexia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 2 nd

Undertaker, W. Dippel

Place of Business, S. Bond st 151

S Slattery M.D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Howard

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 Cambridge

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) Months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 2 1878

Undertaker, R. B. Hutchinson

Place of Business, 1915 Bond St

C. L. McKim M.D.
Medical Attendant.

Address, 1911 Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann O'Donnell

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 93 Parkin

Cause of Death, {First (Primary,) Gastro Enteritis

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Edwd F. Mitchell M. D.
Medical Attendant.

Address, 279 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 214344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Martha Hoff

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, Twenty Eight *Years,* Nine *Months,* ... *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, Nun

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 52 N Broadway

Cause of Death { First, (Primary,) Carcinoma
Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, April 8 1893

Undertaker, [illegible]

Place of Business, 52 N Broadway

H. H. Glendon M. D.
Medical Attendant.

Address, 10 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Weber

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, ~ 75 ~ *Years,* ~ 7 ~ *Months,* ~ 23 ~ *Days*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~. {Cross out the words not required in this line} Widow

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} No 268 South Bond st

Cause of Death, First (Primary,) Organic disease of the Heart

Second (Immediate,) ~ Dropsy ~

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 3d 1878

Undertaker, Leonhard Tietz

Place of Business, S. Bond st. cor Fells.

Thomas J. Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ April 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Schultz.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~~———~~ *Years,* ~~———~~ *Months,* ~~———~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 2 months.

Place of Death, {Give street and number.} Fayette & Charles Sts.

Cause of Death, First (Primary,) Congestion of Brain.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, April 2nd 1878

Undertaker, H. H. Pitzinger

Place of Business, 341 Cathedral St.

D. C. Ireland M.D.
Medical Attendant.

Coroner E. Dorsey

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Lawn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Dudley alley

Cause of Death, { First (Primary,) Simple a

Second (Immediate,)

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 2 1878

{ *Undertaker,* Wm. N. Dungee

{ *Place of Business,* 10 Stockton Aly

R K Knox M. D.

Medical Attendant.

Address 554 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane A Hall

Sex, Male or Female, { cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 59 East Street

Cause of Death { First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2 1878

Undertaker, Wm N. Dunges

Place of Business, No 62 East Pratt

Saml J Powell M. D.
Medical Attendant.

Address, No 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of ... to ... back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24 349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mahulda Jane C. Pinkett

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 11 *Years,* 9 *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester County Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 260 Aisquith N

Cause of Death, {First (Primary,) Cerebro Meningitis

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2 1878

Undertaker, Wm N. Dungee

Place of Business, No 62 East St

W. Le Roy Rand M.D.
Medical Attendant.

Address, 1 Granby & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

File Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Getz.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 56 *Years,* — *Months,* — *Days*

Color, Color

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Easton Md.

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Pthisis.

Second (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd 1878

Undertaker, S. Davis

Place of Business, Lee St

L. A. Ashby. M.D.
Medical Attendant.

Address. Balt. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Wolfe St & Fended

Cause of Death, {First (Primary,) Tubercular Meningitis
Second (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, April 30 1878

Geo. B Reynolds *M. D.*
Medical Attendant.

{*Undertaker,* John J Rodenmyer
Place of Business, Cor Fremont Ave & Fremont St

Address 42 n Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24352,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 2 1878 BALTIMORE

Date of Death, March 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isella. Ophler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} Bel-Air Pet

Cause of Death, First (Primary,) .....

Second (Immediate,) Pneumonia

Duration of Last Sickness, 35 Days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, April 2. 1878

Undertaker, Charles A. White

Place of Business, 35 Franky street

D L Gaff M. D.
Medical Attendant.

Address 132 E. Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... to the ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Price

Sex, ~~*Male*~~ *or* ~~*Female*~~, {Cross out the words not required in this line.} male ~~Female~~

Age, — *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 22 S. Front St

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loyd St. Hebrew Cemetery

Date of Burial, April 3 1878

Undertaker, H. Lanfood

Place of Business, 81 Gough St.

J. Kinyon Smith M.D.
Medical Attendant.

Address. 121 S Bute

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th mo 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Ann Rock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington city

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number.} 626 N Lanvale st

Cause of Death, {First (Primary,) Cancer (of Breast)
Second (Immediate,)

Duration of Last Sickness, 6 mos —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 4th mo 3rd

Undertaker, John Meaher

Place of Business, No 150 Camden

Dr Jas Carey Thomas M.D. Medical Attendant for M. W. T.

Address 319 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2. 1894

..... *M. D.*
Medical Attendant.

Undertaker, M A Daiger

Place of Business, 74 S. Broadway *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Martha H. Southall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Marys Co. Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 467 Pres & Fombare

Cause of Death, {First (Primary,) old age / Second (Immediate,)}

Duration of Last Sickness, saw her once

All the above information should be furnished by the Physician.

Place of Burial, St. Marys Co. Md

Date of ~~Burial~~ Removal, April 2nd 1878

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

James E. Smith M.D.
Medical Attendant.

Address 2216 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1044

[OVER.]

The Special Attention of [illegible] of this Certificate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Rushaw

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 9 *Years,* 6 *Months,* ..... *Days*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 29 Edward St.

Cause of Death, {First (Primary,) Septicemia

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3rd 1878

Undertaker, L. Carmack

Place of Business, Dallas St

Wm. H. Simpson M.D.
Medical Attendant.

Address, 18 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk Rudeman

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 207 Alice Anna St

Cause of Death, First (Primary,) Injury of chest by fall

Second (Immediate,) Internal hemorrhage

Duration of Last Sickness, 48 hrs. 1/

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, April 3rd 1878

Undertaker, John Mercaig.

Place of Business, 356 Orleans St.

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

435

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Wheeler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 72 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 119 N. Spring St

Cause of Death { First, (Primary.) / Second, (Immediate,) } Inanition

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemy

Date of Burial, April 2d 1878

Undertaker, R. McClain

Place of Business, Cambridge

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr. E. Geo Wallis

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Caroline Hulter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 255 Hillman st Balto,

Cause of Death, {First (Primary,) Measles
Second (Immediate,) Inflammation of Brain.

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 3 1878

{*Undertaker,* L. P. Paulies
Place of Business, Fred Ave

F. F. Bunsen M. D.
Medical Attendant.

Address 187 Hillman st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

24361

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Gonerre

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... Pulmonis

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, April 4th

..... *M. D.*
Medical Attendant.

Undertaker, H. Rockliff

Place of Business, 246 Eastern Ave. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 24362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1878

CERTIFICATE OF DEATH.

Date of Death, April 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} 147 Chapel St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery - Canton

Date of Burial, Apr 4 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

Nicholas L. Dutton M. D.
Medical Attendant.

Address 217 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21363

The Physician who attended any person in a last illness [illegible] sent out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Har Hutson (Father)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 67 Gough St

Cause of Death, {First, (Primary,) 0 / Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 3 1878

Undertaker, W. Dilgard

Place of Business, S. Bond St

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24363

The Physician who attended any perso
out, to the Undertaker or other person super
sooner, if requested so to do, under penalty o

NO PERMIT FOR BURI

CERTI

Date of Death, Apru

Full Name of Deceased, { Write legibly a correctly. If an not named, give of parents.

Sex, Male ~~or Female~~, { cross out the word not required in this line.

Age, ——— Years

Color, whit

Married, Single, Widow or Widower,

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth.

Duration of Residence in the City of

Place of Death, { Give street and number } 6

Cause of Death { First, (Primary,) 1 / Second, (Immediate,) 2 / 3

Duration of last Sickness,

All the above Information should be furnished

Place of Burial, Mount

Date of Burial, April

{ Undertaker, W. Dip

{ Place of Business, S. Bon

Extract from Regulations of Vital

SECTION 2. And be it further enacted an ... it shall be the duty of the Physician who attended during his ... last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

24363

COPY

—OF—

CERTIFICATE OF DEATH.

(To be Retained by Physician.)

Date of Death, April 2nd

Name of Deceased, Hutson

Sex, Male or Female, Male

Age, one day

Color, White

Occupation,

Birthplace, Balto

Duration of Residence in B. C. ——

Place of Death, No 67 Gough

Cause of Death, { First, (Primary,) Jaundice / Second, (Immediate,)

~~Duration of Last Sickness,~~ Dr Muldemitz

REMARKS:

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2 . 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bulah Rhodes

Sex, ~~*Male or Female,*~~ {Cross out the words not required in this line.} female

Age, — *Years,* — *Months,* 2 3 *Days*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 185 August St

Cause of Death, {First (Primary,) Laundice

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 4th 1878

Undertaker, Lee Schilling

Place of Business, Aisquith St

C. Lane Tarrytree M.D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 2 1878 BALTIMORE

Date of Death, April 2nd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Basonch

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 10 *Years,* 2 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 14 Abbott St.

Cause of Death, { First (Primary,) ..... Second (Immediate,) Peritonitis

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, April 3 1878

Undertaker, Henry Hoeth

Place of Business, N. Central ave

Aug. F. Erich M.D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 3 1878

Date of Death, April 1 - 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Denby.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* ——— *Months,* ——— *Days.*

Color, Black - *Sex,* Female -

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House servant -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annaarundel Co. md.

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and number,} 56 Wardyear St -

Cause of Death, First (Primary,) Cancer of the Womb

Second (Immediate,) Asthenia

Duration of Last Sickness, Two years -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3 1878

Undertaker, Wm. N. Dunge

Place of Business, No 10 Stockton Ally

John J. King M. D.
Medical Attendant.

Address 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Lucas

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.} male

Age, 28 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} married

Occupation, clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md -

Duration of Residence in the City of Baltimore, since birth -

Place of Death, {Give street and number.} S.E. Cor Canollton Ave & Lexington St

Cause of Death, {First (Primary.) Morbus Brightii -

Second (Immediate,) Pneumonia -

Duration of Last Sickness, Two weeks -

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 4, 1878

{*Undertaker,* H. A. Dayer

Place of Business, 74 S. Broadway}

Thomas Opie M.D.
Medical Attendant.

Address, 396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Adella Mauzy

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 413 McHenry St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Coma

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, April 3rd 1878

Undertaker, J B Loats

Place of Business, No 707 N Baltimore Street

W. McKenzie *M. D.*

Medical Attendant.

Address, 1 McFaydden Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonse Emile Krauss

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 209 Hanover Street

Cause of Death, {First (Primary,) Phlegmonous Erysipelas
Second (Immediate,) asthenia

Duration of Last Sickness, 13 Days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 4-78

H. J. Hodges M. D.
Medical Attendant.

Undertaker, G. F. Krause

Place of Business, 209 Hanover

Address 209 Hanover St
Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... this Certifi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1878 BD. OF HEALTH

CERTIFICATE OF DEATH.

Date of Death, April 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josie Romer

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, Twenty *Years,* ____ *Months,* ____ *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.} Single

Occupation, Unknown

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pittsburgh, Pa

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and number.} Cor Calvert & Saratoga Sts (City Hospital)

Cause of Death, {First (Primary,) Phthisis pulmonalis / Second (Immediate,) Asthenia

~~Duration~~ Duration of Last Sickness, ~~Two~~ Seven Months

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Alphonsus~~

Date of Burial, April 3 1878

Undertaker, H. Schultheis

Place of Business, 261 E. Monument

Wm Gamble M.D.
Medical Attendant.

Address, Cor. Calvert & Saratoga Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Cook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Lee St

Cause of Death, First (Primary,) Pk this is Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Delmare

Date of Burial, April 3 78

H. B. Ashe M. D.
Medical Attendant.

Undertaker, Arnold & Denny *Address* 17 Franklin av

Place of Business, No 463 Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Lancet 1045

[OVER.]

The Special Attention of ... Certificate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alford Ball

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Don't Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Don't Know

Duration of Residence in the City of Baltimore, Six Months.

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3. 1878

Undertaker, M. A. Daugherty

Place of Business, 74 S. Broadway

J. M. Brooke Lyle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Lyons C Crawford~~ April 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lyons C Crawford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 26 Jackson St

Cause of Death, First (Primary,) Acute Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 4th 1878

Undertaker, R. L. H. Bevan *Address* 8 High St

Place of Business,

Wm H Jefferson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

CTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person , and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Shaw

~~Sex, Male~~ *Female,* {Cross out the words not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color,

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Eastern Shore, Maryland,

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} Cor of Fulton & Franklin Sts

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness, Consumption

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 3rd 78

Undertaker, John S Thacher

Place of Business, 150 Camden St

Glanc Tanneyhill M.D.

Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1878

CERTIFICATE OF DEATH.

Date of Death, April 2 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Scribner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 55 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prince Georges

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } 217 Raborg St

Cause of Death, First (Primary,) Disease of the Other Parts of the Body

Second (Immediate,) Cancer of the Stomach

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3 1878

Undertaker, S. H. Chase

Place of Business, 1858 Hanover st

H. N. Metz *M. D.*

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Witzler.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty four *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hirshin Bavaria.

Duration of Residence in the City of Baltimore, Thirty Six years

Place of Death, {Give street and number.} 216 Alice Anna St.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Asthma,

Duration of Last Sickness, Four years.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebr. Cemetery

Date of Burial, April 3th 1878

Undertaker, Wm. Cilan

Place of Business,

Nicholas L. Bushill M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERT.

ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

377

ended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* her person superintending the burial, within *twenty-four hours* after the death of said deceased, or o, under penalty of law.

MIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1878

CERTIFICATE OF DEATH.

April 2d 1878

d, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Bucknell

{ Cross out the words not required in this line. }

Years, Months, 1 Days

ite

w or Widower, { Cross out the words not required in this line. }

ry (and how d States, if h.) } Baltimore City

in the City of Baltimore, 17 ward

reet and nber. } # 287, N. Durham St.

Primary,)

(Immediate,) Consumption

ess, One day

should be furnished by the Physician.

Baltimore County

April 2d 1878

Liberian ~~Africa~~

68 E. Baddle

O. C. Jordan M. D.

Medical Attendant.

Address, 151 N. Exeter St.

egulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ed during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish r the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, ertained, the full name, sex, age and condition (whether married or single) of the person deceased, eath, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~January~~ April 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Collins

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 28 Peach alley

Cause of Death {First, (Primary,) Marasmus

{Second, (Immediate,) Convulsions

Duration of last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3 1878

Undertaker, J. Davis

Place of Business, 110 Lee St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1878

CERTIFICATE OF DEATH.

Date of Death, April 1st 4 o'clock P.M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} No 111 North Dallas St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)}

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Sidney D. Grant* M. D.
Medical Attendant.

Date of Burial, March 4th

Undertaker, R. A. Brayton Co *Address* No 32 North St
Place of Business, 335 N Howard St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Margret Ann Fuller

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 470 N Gay St

Cause of Death, {First (Primary) Morbus Brightii

{Second (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem.

Date of Burial, April 3rd

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 151

Charles H. Thomas M. D.
Medical Attendant.

Address 85 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1878 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bucher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 6 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 64 S. Broadway

Cause of Death, {First (Primary,) Uremia

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, ~~April 4th~~ Balto Cem

Date of Burial, April 3d

Undertaker, Jacob Bucher.

Place of Business,

James D. Lau M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1878

CERTIFICATE OF DEATH.

Date of Death, April 2nd 78.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida C. Caufield

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 19 *Years,* 3 *Months,* 3 *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25. N Gaca

Cause of Death, First (Primary,) Albuminuria

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th 1878

Undertaker, Wm O'Weaver

Place of Business, No 202 N. Eutaw st

Louis Chs Kunn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24383,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Fritts

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Johns Hopkins Colored Orphan Asylum

Cause of Death { First, (Primary,) Consumption, Scrofula
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shook St cemetery

Date of Burial, April 5th 1878

Undertaker, Wm H Burch Jr

Place of Business, 27 Druid Hill Ave

R. Winslow M. D.
Medical Attendant.

Address, 231 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1878

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Shentzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Elliott Stret

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsius Cemtry

Date of Burial, April 4th 5t

J. H. Mace M. D.
Medical Attendant.

{*Undertaker,* Jno Schilling

{*Place of Business,* Elliot and Canton St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3 April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Martin

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 231 Myrtle avenue

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, April 6th 1878

{*Undertaker,* Joseph F Byrne

Place of Business, 69 n Liberty

Marbury Brewer M.D.
Medical Attendant.

Address 291 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, 4 April 2 O'Clock P.M. [illegible] *M. D.*

Medical Attendant.

Undertaker, George C. Peterson

Place of Business, 38 Evans Street *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to lists of diseases on th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud G. Duckett

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 6 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 222 Preston St

Cause of Death, First (Primary,) Purpura Haemorrhagica

Second (Immediate,) Intestinal Haemorrhage

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Londen Park Cem

Date of Burial, April 5—

Undertaker, C M Blizzard

Place of Business, 201 Penn ave

Thos. S. Latimer M.D.
Medical Attendant.

Address. 248 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24388

The Physician who att[illegible]ny person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or o[illegible]erson superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to de[illegible]er penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1878

CERTIFICATE OF DEATH.

Date of Death, April 3d 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Morris F. Strong

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 5 *Years,* 5 *Months,* 2 5 *Days.*

Color, White *Sex,* male

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number. } 363 W. Lombard St.

Cause of Death, { First (Primary,) Bilious-Colic / Second (Immediate,) Lesion.

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 5th 1878

{ *Undertaker,* John S Thacher / *Place of Business,* No 151 Camden & Paca & Fayette Sts

Alfred Hughes — M. D.
Medical Attendant.

Address 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M Shumacher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 0 *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 122 Saratoga St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Pulmonary Hemorrhage

not Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Bly Bands

Date of Burial, 5th inst

Undertaker, H Bergman

Place of Business, 45 Eloy St

John A Doerner M.D.
Medical Attendant.

Address 92 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Nickel

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Thirty three *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert Co Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Hanover near Peach Alley

Cause of Death, {First (Primary,) Rigidity from Irritation of Second (Immediate,) Apoplexia Cerebrum and Twelve hours

All the above information should be furnished by the Physician. L L Lyle M. D.

Place of Burial, Laurel Cemetery Medical Attendant.

Date of Burial, April 5th 1878 *Address,* North Third St

Undertaker, Hercules Ross

Place of Business, Conway St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 24391

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Waters

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Brown

~~*Married, Single*~~, *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Arundell Co

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number.} 18 Frobsins Alley

Cause of Death, {First (Primary,) Phthisis. Second (Immediate,)

Duration of Last Sickness, 13 days

All the above Information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, April 5th 1878

Undertaker, John J. Turner

Place of Business, 16 & 18 Dugan Hill Alley

O. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Hanset 1046

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jos. Mooney

Sex, Male or Female, {cross out the word not required in this line.} male

Age, — *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 50 Chestnut St

Cause of Death, First, (Primary,) Hereditary Syphilis

Second, (Immediate,) Infantile marasmus superinduced by Syphilis

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 5th 1878

Undertaker, William Krueger

Place of Business, 92 East St

G. C. Corbin — M. D.
Medical Attendant.

Address, 862 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E. DUPLANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4 78. (Moleder)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis H Robuck

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 9 *Years,* 6 *Months,* ——— *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 9 Yrs

Place of Death, {Give street and number.} 26 Leonard St

Cause of Death, {First (Primary,) Phthisis Pul.m

{Second (Immediate,) 2 Yrs

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. Chas Eastman M.D.

Date of Burial, April 6th Medical Attendant.

Undertaker, Shuttell

Place of Business, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 5th 1878 Dodson.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Dodson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Dark

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Religious

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington D.C.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} Home of the Sisters of Providence Chase & Forrest Sts

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 6 1878

Undertaker, James A Byrne

Place of Business, No 63 Fn Front St

F. E. Chatard M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Lobby~~ ~~Johns~~ Rebecca R. Johns

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 10 *Years,* Six *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Argyle Ave & Townsend St

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,) Cardiac trouble complicated with Phthisis

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, April 5 1878

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Veth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} 24 Greenby st

Cause of Death, First (Primary.) Consumption

Second (Immediate.) Effects of Hard Labor

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Com

Date of Burial, April 6th

Undertaker, H. J. Tschan

Place of Business, 65 S. Eutaw

Said Contribution M.D.
Medical Attendant.

Address 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3 April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* About 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} University Hospital

Duration of Residence in the ~~City of Baltimore~~, Asylum 10 days

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of Death. {First (Primary.) Marasmus

Second (Immediate.)

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, April 5. 1878

Date of Burial, Cathedral Cemetery

Undertaker. Saml Bowers

Place of Business, 156 Division St.

Martin Brewer M.D.
Medical Attendant.

Address, 201 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 214

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24398.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 m 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Frances

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number} 34 S. Spring St.

Cause of Death, First, (Primary,) Inflammation Peritonitis.

Second, (Immediate,)

Duration of last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 6 th 1878

Wm. Riley M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] Broadway

Address, 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet & John Burkett Parents

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 hours *~~Months,~~* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 31 Sterling Street

Cause of Death { First, (Primary.) / Second, (Immediate,) } Premature Birth

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, April 5th 1878

Undertaker, Jacob Davis

Place of Business, Lee St

James A Steuart M. D.
Medical Attendant.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr E. Lee Walls

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Zacharda

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 329 South Bond St.

Cause of Death, First (Primary,) Internal Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Hyacinths Home

Date of Burial, April 7th 1878

Undertaker, H. Keller

Place of Business, 247 E. Lanvale St.

John H. Rehberger M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephene Marion Allison

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 6 *Years,* 3 — *Months,* & 7 *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, About 15 years

Place of Death, {Give street and number.} 288 Franklin St.

Cause of Death, First (Primary,) Parturition, Twins, Hemorrhage &c

Second (Immediate,) Puerperal Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 6th 1878

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address*

E Gover Cox M. D.
Medical Attendant.
289 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Baucher

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 64 *Years,* 2 *Months,* 14 *Days*

Color, white

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, storekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} N° 431 Cross Street

Cause of Death, First (Primary,) Consumption and

Second (Immediate,) Pulmonary Phtisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lonelan bart semy

Date of Burial, 431. Cross street.

Undertaker, F. Poke.

Place of Business, 425. Cross Street

Henry Salzer M.D.
Medical Attendant.

Address, 165 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Baker

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 29 S. Penn St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Debility

Duration of Last Sickness, Sent Known

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 7th 1878

Undertaker, Heughes & Co

Place of Business, 65 S. Broadway

E. J. Byrne M.D.
Medical Attendant.

Address, 41 E. E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 24404

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J Cassiday

~~*Male or Female,*~~ {Cross out the words not required in this line.}

Age, 22 years *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Wife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 47 Front St

Cause of Death, First (Primary,) Tuberculous Consumption

Second (Immediate,)

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 8th 1878

Undertaker, Henry H. Mears

Place of Business, 46 N. Gay St

Chas G Thomas M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 24405

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 8 1873 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Yerger

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Confectioner ~~Grocer~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, { Give street and number } 1180 E. Aisquith St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Exhaustion

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, April 7th 1878

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

H. Blandin Kirk M. D.
Medical Attendant.

Address, Balt & Hazel sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of

Board of Health, City of Baltimore,

Permit No. 24406

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Alice LeBrun

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, Thirty one *Years,* *Months,* 4 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Mathews Co Virginia

Duration of Residence in the City of Baltimore, Abt 10 years

Place of Death, {Give street and number.} 50 N Calvert St

Cause of Death, {First (Primary,) Bronchial trouble / Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 7th

Undertaker, Abraham Wayman

Place of Business, 30 Saratoga St

W Hammond M.D.

Medical Attendant.

Address, 64 N Paca St Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24407 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Long

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 4 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 415 S. Eutaw

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 413 S. Eutaw

Cause of Death, {First (Primary,) / Second (Immediate,)} Hydrocephalus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 7 1878

Undertaker, Julius Kahler

Place of Business, Stiles St

Geo. N. Benson M. D.
Medical Attendant.

Address 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bannerman (Bernarmon)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 14 Bevan St

Cause of Death, First (Primary.) Necrosis of the Pelvis

Second (Immediate.) Exhaustion Supperation Wt. Hemorrhage

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial, April 7th 1878

Sheridan Cord M. D.
Medical Attendant.

Undertaker, Charles H. Herold

Place of Business, 161 Eamon St *Address* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 21409

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Fry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Whitewasher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. 60

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} 2 Oxford St Varioloid

Cause of Death, {First (Primary,) ... Second (Immediate,)}

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Pitts Grove

Date of Burial, Apl 6. 1878

Undertaker, John C Jones

Place of Business, No 63 Park St

L. E. Attison M. D.
Medical Attendant.

Address 209 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1049

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24410

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie McArmstrong

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 m/ *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lexington Va

Duration of Residence in the City of Baltimore, About 11 years

Place of Death, {Give street and number.} 27 N Gilmore.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery R. K. Amos M. D.

Date of Burial, Sunday Apl 7/78 Medical Attendant.

Undertaker, John B. Cook

Place of Business, 109 W. Baltimore St *Address* 534 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24411,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hack

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 50 *Years,* 8 *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wachtenbach Hessen darmstadt Germany.

Duration of Residence in the City of Baltimore, 26 Years.

Place of Death, {Give street and number.} 192 Bank Street Baltimore

Cause of Death, First (Primary,)

Second (Immediate,) Asthma.

Duration of Last Sickness, 6 Years.

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, April 8th

Undertaker, H. Funk

Place of Business, 1033 Bank St. *Address*

Ernst Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24412

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Joseph Franz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 88 Bank Street

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Bgn.

Date of Burial, April 6

Undertaker, W. Tippet

Place of Business, S. Bond st. 151

James F. McShane M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24413,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schininger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Four *Days.*

Color, ____

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 42 Abbott St. City

Cause of Death, {First (Primary,) Tetanus [illegible]
Second (Immediate,) ____

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 6, 1878

Undertaker, Henry Flock

Place of Business, 206 Eastend Ave

Address 341 S. Broadway

H. H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A Sing

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 Druid Hill Ave

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 7th

Undertaker, C. Hugard

Place of Business, 53 D. H. Ave.

Saml T. Powell M. D.
Medical Attendant.

Address, No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 24415 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Alexander Crawford.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 364 Franklin St.

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,) do

Duration of Last Sickness, 8 Months - Confined to house 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7

Undertaker, WB Cook

Place of Business, 707 West Baltimore St

H. Carey Hines M. D.
Medical Attendant.

Address 317 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt M Drummond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 4 *Years,* 8 *Months,* *Days.*

Color, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City — Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 186 N Carey St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) General Emaciation

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 7

J J Caldwell M. D.
Medical Attendant.

Undertaker, C W Blizzard

Place of Business, 201 Pen ave

Address 235 N Carey St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John F. Rhodes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brick Layer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co. Md

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number.} 14 Williamson St

Cause of Death, First (Primary,) .....

Second (Immediate,) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem. *Attended* Thos Crow M. D.

Date of Burial, April 7th 1878 Medical Attendant.

Undertaker, Charles F. Herbst

Place of Business, 161 Hanover St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY ▲ FILM

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob F Meaner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 52 *Years,* 9 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and number} 118 Mc Elderry st

Cause of Death, First, (Primary,) Osteo-Sarcoma of Lower Jaw Bone

Second, (Immediate,) Asthenia

Duration of last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8th 1878

Undertaker, Fitz & Bro

Place of Business, 84 N Broadway

D M Cathell *M. D.*
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 5th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Carrire

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 14 *Months,* *Days.*

Color, white *Sex,* male

Married, ~~*Single,* Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 312 N. Bond St.,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 312 N. Bond St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,) Convulsions
3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County W. B. Billingslea, M. D.
Medical Attendant.

Date of Burial, Apr. 7/78

{*Undertaker,* E. Rowley
{*Place of Business,* 136 E. Fayette *Address* Harford Ave & Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Schmidt

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 57 *Years,* 1 *Months,* 11 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 34 Conway

Cause of Death, {First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 8th

Undertaker, F. N. Holl

Place of Business, #131 Hanover St

H. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schmidt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 Butler's alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 7 1878

Undertaker, Julius Koehler

Place of Business, Sharp St

M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr. L. A. Bell

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Hagner

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New Jersey about 4 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 106 Ridgely St.

Cause of Death, { First (Primary,) Diphtheria

{ Second (Immediate,)

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery, Cor. Shirley

Date of Burial, April 7th 1878

Undertaker, Charles F. Boulet

Place of Business, 161 W. James St. *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24423

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Topsell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} 304 Piedmont Ave

Cause of Death, {First (Primary.) Phthisis / Second (Immediate.)}

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore [illegible]

Date of Burial, April 7th 99

{Undertaker, [illegible] / Place of Business, 234 N. Eutaw St.}

Thomas Shenn M. D.
Medical Attendant.

Address 97 W. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fred Eckman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number.} 88 S Caroll St

Cause of Death, First (Primary.) Acute Hydrocephalic

Second (Immediate.) Convulsions etc

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Leisters town

Date of Burial, April 7 — 1878

Undertaker, J. B. Blackiston & son

Place of Business, 606 Bath St

Wm. McSpeich *M. D.*

Medical Attendant.

Address, 17 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR
6
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 37 Eutaw St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, one Day Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Geo. S. Kennemon M. D.

Date of Burial, April 8th 1878 Medical Attendant.

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette St *Address* 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 24426

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Frost

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New Jersey (Middlesex Co)

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} No 5 St Madeira Alley

Cause of Death, First (Primary,) Strangulated Hernia. (2 Days)

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Apr. 8th '78

Undertaker, Marshall Diamond

Place of Business, 220 Canton Ave

E. P. Frost M.D.
Medical Attendant.

Address, 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bowman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and number} 343 Orleans St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, about 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 8th 1878

Undertaker, Henry & Co.

Place of Business, 386 Orleans St

D. M. Cathell M. D.
Medical Attendant.

Address, 2 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 24428

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gotlieb Rink

Sex, Male ~~or Female~~; {Cross out the words not required in this line.} Male

Age, 66 — *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.} — Single —

Occupation, Laborer —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} Cor Choptank & Canton ave.

Cause of Death, First (Primary,) — Disease of the Prostate Gland —

Second (Immediate,) — Paralysis —

Duration of Last Sickness, — Four weeks —

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, April 7th

Undertaker, H. Eschlich

Place of Business, 246 Eastern Av

Thomas J. Evans M. D.
Medical Attendant.

Address. 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24429

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Morning April 6th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. H. Stewart

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 5 Wolf St.

Cause of Death, First (Primary,) Bronchitis.

Second (Immediate,) Convulsions.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7th

Undertaker, Abraham Wayman

Place of Business, 80 Saratoga

Wilmer Brinton M.D.
Medical Attendant.

Address, 25 N Gay Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. _____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1878 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna K Hohn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* 1 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Widow —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (Bavaria)

Duration of Residence in the City of Baltimore, 33 yrs —

Place of Death, {Give street and number} 85 Granby st

Cause of Death, First, (Primary,) Intermittent Fever

Second, (Immediate,) Cerpetion of Liver & Dropsy

Duration of last Sickness, 4 5 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Dist Cemetary

Date of Burial, April 8th 1878.

Undertaker, Fred Gaede

Place of Business, 29 South Caroline St.

G D Dehmer M. D.
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Ryan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 68 *Years,* 1 *Months,* 27 *Days.*

Color, W *Sex,* M

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number.} #520 Mulberry St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) (Nervous Exhaustion)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cem

Date of Burial, April 8th 1878

Undertaker, Hughes & Co

Place of Business, 515 Fayette st

Chas A Eyler M. D.
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPT. APR 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph S Jayne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} North Hampton Mass

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 311 N Stricker

Cause of Death, First (Primary,) ....

Second (Immediate,) Consumption

Duration of Last Sickness, 6 Mo

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Apr 8th 1878

Undertaker, Hughes and Co

Place of Business, 330 W Fayette St

J Whitridge M. D.
Medical Attendant.

Address 13 E Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th April 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Ryan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy three (73) *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, About 5-5 years.

Place of Death, {Give street and number.} 61. Park Av. near Saratoga St.

Cause of Death, First (Primary,) Valvular Disease of the Heart.

Second (Immediate,) Effusion into the Pericardial Cavity.

Duration of Last Sickness, Has been sick for years. Confined to the room for Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 9th 1878

Undertaker, Joseph F Byrne

Place of Business, 52 n Liberty

Wm Chas Bibbins M.D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24434

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Neil

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6. *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 31 S. Front St

Cause of Death, First, (Primary,) "Gastritis"

Second, (Immediate,) Meningitis

Duration of last Sickness, About One Week

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, April 9th 1878

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

J. McCleur M. D.
Medical Attendant.

Address, 582 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24435 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen O'Brien

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* / *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 Decker St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, April 9th

{*Undertaker,* Chas. T. Sanders

Place of Business, 217 W Baltimore

J. E. Atkinson *M. D.*
Medical Attendant.

Address 209 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 24436

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24436 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Col'd

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 284. Hamburg St.

Cause of Death First, (Primary.) Obstruction of the Bowels.
Second, (Immediate.)

Duration of last Sickness, Six or Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, April 8.

Undertaker, Mercantile Co

Place of Business, Hamburg St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152. S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mary~~ Margaret A Day

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 4 *Years,* *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 379 E Fayette

Cause of Death, {First (Primary,) Congestion of Lungs. Brain

Second (Immediate,) with Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 8 1878

Undertaker, Hyde Bro

Place of Business, 54 N Broadway

J. Ridgway Andre M.D.
Medical Attendant.

Address, No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 24438

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Bartolotti

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, One (1) *Years,* ——— *Months,* Twenty two (22) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Switzerland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 223 N Paca St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ———

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Bellevue Cemetery

Date of Burial, April 9 1878

Undertaker, Henry Flach

Place of Business, 389 Central Ave

Dr. Gilmer M.D.

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Dohne Mankell (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ~ *Years,* ~ *Months,* 1 mon *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 McHenry Court

Cause of Death, {First (Primary,) Asphyxia
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, April 8th

Undertaker, F. K. Troll

Place of Business, 131 Hanover St. *Address*

P. R. Uhler M. D.
Medical Attendant.

234 N. Howard.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24/240.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M. Poland

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 16 *Years,* 11 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 Hillcrest

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 9 24

Undertaker, Wm J. McKeon

Place of Business, 65 S. Eutaw St

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ April 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, c

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 41 Greenwillow st

Cause of Death First, (Primary.) Scrofula & Malnutrition

Second, (Immediate,)

Duration of last Sickness, ~~abt~~ don't know, never saw case before, Out once.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5

Undertaker, James Braxton

Place of Business, 15 [illegible] Monday

R. Winslow M. D.
Medical Attendant.

Address, 231 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the following notice:

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th April 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Lizzie E Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carolina County, Md

Duration of Residence in the City of Baltimore, 3 weeks,

Place of Death, { Give street and number. } No 11 Lombard St

Cause of Death, { First (Primary,) Typhoid Pneumonia, / Second (Immediate,) Septicaemia,

Duration of Last Sickness, 10 days,

All the above information should be furnished by the Physician.

Place of Burial, Easton Talbot County Md

Date of Burial, April 9th 1878

Undertaker, Hughes & Co

Place of Business, 550 Fayette St

Chas T Jones *M. D.*
Medical Attendant.

Address 530 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1050

[OVER.

The Special Attention of Physicians is respectfully invited to the Printed Notice, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24443,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Higdon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* — *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life Time

Place of Death, {Give street and number.} 69 N Caroline St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three or four months

All the above information should be furnished by the Physician.

Place of Burial, Mount O. Ct.

Date of Burial, April 10th

Undertaker, Fry & Bro

Place of Business, 54 N Broadway *Address* 2.1. Bunday

A. H. Luthell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Leary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty-one *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Penth Place - Balto Infirmary

Cause of Death, First (Primary,) Disease heart - Pulmonic Valves

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 8th 1878

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

C. B. Gamble M. D.
Medical Attendant.

Address 10 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine A. McGowan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} F

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 939 Lexington St.

Cause of Death, {First (Primary,) Old age.
Second (Immediate,)}

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 8

Undertaker, J. H. Adams

Place of Business, 262 Pendleton

J. W. C. Cuddy, M.D.
Medical Attendant.

Address 383 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24446

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura J. Waters

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, Nineteen *Years,* Six *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 37 Williamson St.

Cause of Death, First, (Primary,) Pulmonary Oedema

Second, (Immediate,) Obstruction at Mitral Valve of Heart.

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8. 1878 J. O. Harrington M. D.
Medical Attendant.

Undertaker, William Gray

Place of Business, 65 mulberry *Address,* 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Collins

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Fifty Six *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Innkeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 Yrs.

Place of Death, {Give street and number.} 53 President St.

Cause of Death, {First (Primary,) Heart disease.

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, April 9th 1878

Undertaker, James P Byrne

Place of Business, No 63 N Gay St

D. C. Deland M.D.
Medical Attendant.

Address, Corner E. & Lib.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F Welsh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 36 City Block

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery Geo B Reynolds M. D.

Medical Attendant.

Date of Burial, April 8th 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F Beatty

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 224 Barnum Alley

Cause of Death. {First (Primary,) Lockjaw

{Second (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 8 1878

{*Undertaker,* F. Pohe.

{*Place of Business,* 425 Cross street.

J J Mount M.D.

Medical Attendant.

Address. 20 W Lee Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Arne Browne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} 69 Preston St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) "

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount S. C. Chew M. D.

Date of Burial, April 9th Medical Attendant.

Undertaker, H. Wenkert & Son *Address* 141 Lanvale St

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Sykes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 153 W. Fenwick

Cause of Death, {First (Primary,)

{Second (Immediate,) Cardiac Asthma

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 10th 1878

Undertaker, Thos. Goldy & Son

Place of Business, 41 Lexington St *Address* 134 W. High

S. T. Coyne *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 5 1878 BALTIMORE

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bell

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City,

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 225 E. Pratt St.

Cause of Death, {First (Primary,) Teething / Second (Immediate,) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 9th 1878

Undertaker, Hughes & Lee

Place of Business, 65 S. Broadway

C. T. Bruns M. D.
Medical Attendant.

Address, 410 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 16 Amity St. North

Cause of Death, {First (Primary.) ; Second (Immediate.)} Anemia.

Duration of Last Sickness, my attendance ten days.

All the above information should be furnished by the Physician

Place of Burial, Green Mount cemetery

Date of Burial, April 10th 1878

{*Undertaker,* Haughton & Co
Place of Business, 63 S Broadway}

John F. Hammond M.D.
Medical Attendant.

Address 5 W Colvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

No. 24454

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bolst[illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 78 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} No 84 S. Register st.

Cause of Death, First, (Primary,) Probably Stone in Bladder

Second, (Immediate,) Exhaustion {Never well, Kidney but once, before he died.

Duration of last Sickness, 4 weeks ~~years~~

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 8 /

L O Winterwitz M. D.
Medical Attendant.

Undertaker, W. Sifford

Place of Business, South Bond st 161 *Address,* 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edward August Engelmann

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, three Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Paca st 23

Cause of Death, First (Primary,) ...

Second (Immediate,) Weakness

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 9th April

Undertaker, M. Miller

Place of Business. 86 N. Paca St.

M. D.
Medical Attendant.

Address Dr. Ford. Reinhard.
224 West Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 24456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Coyne

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, —

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland = 14 Resident of U.S.

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number} 15-8 Hamburg,

Cause of Death { First, (Primary,) — / Second, (Immediate,) Apoplexy

Duration of last Sickness, 9 days. —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 9

Undertaker, J B Cook

Place of Business, 70 West Pratt *Address,* 152 Sharp St

H. J. N. Tall *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24457.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann R. Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newmarket Fred Co. Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 20 Division st

Cause of Death, First (Primary,) Anaemia

Second (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry Jno. S. Fulton M. D.

Date of Burial, April 6 Medical Attendant.

Undertaker, J. H. Ahrens

Place of Business, Address 262 Penn ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24458

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

te of Death, Apr 7. 1878

l Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolin Brown

~~Male or~~ *Female,* {cross out the word not required in this line.}

70 *Years,* — *Months,* — *Days.*

ed

~~*iad, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

pation, Cook

thplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md

ration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} — Tyson St.

Cause of Death { First, (Primary,) Valvular Disease of Heart
Second, (Immediate,) "

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, April th 9 th 1878

B B Brown *M. D.*
Medical Attendant.

Undertaker, Wm N. Dunger

Place of Business, No 10 Stockton Pl *Address,* 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Conrad Weyer

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ... *Months,* 20 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 43 Myrtle av. Prostration from

Cause of Death, {First (Primary,) ... Second (Immediate,) ...}

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 10 1878

Undertaker, P. Kunimert

Place of Business, 317 Madison St

Louis [illegible] M. D.
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bromwell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 64 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} S W Cor Green & Columbia Sts

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Pulmonary Embolism

Duration of last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, April 9th 1878

J H Emmey *M. D.*
Medical Attendant.

Undertaker, Jos L. Lowe

Place of Business, 568 W. Balto St. *Address,* 76 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

No. 24461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith Hutkins

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 176 North Charles St

Cause of Death, First (Primary,) Cyst Fistis

Second (Immediate,) Hrsmic Paroxysm

Duration of Last Sickness, Nearly 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 10th April 1878

Undertaker, H W Deutkins & Son

Place of Business, 16 Light St

Charles O'Donovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Green

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 29 *Years,* —— *Months,* —— *Days*

Color, Black

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Accomac Co Va.

Duration of Residence in the City of Baltimore, 18 Years.

Place of Death, {Give street and number.} 53 King St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis, / Second (Immediate,) Exhaustion.

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Edward C. Emerly

Date of Burial, April 9. 1878

Undertaker, C. M. Chase

Place of Business, 182 E. Monument St

Jos Scott M. D.
Medical Attendant.

Address, C. M. Chase (C)

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24463,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1878

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Raine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighteen *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 13 Jew Al.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9 1878

Undertaker, C. W. Wall

Place of Business, 8 Hanover St

J. Zeph *M. D.*
Medical Attendant.

Address 93 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24764

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24464

The Physician who attended deceased in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, within twenty-four hours after death, and before the interment, if practicable, and not later than noon of the day following death, unless sooner, if requested by the Undertaker, Health Officer or Registrar.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget to James W. Gravitt (Parents)

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ~~Years~~, One Hour *Months*, ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 90 Boston St

Cause of Death First, (Primary.) Premature Birth

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, April 9 1878

Undertaker, James Gravitt

Place of Business, 90 Boston St

James A Shane M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr J. F. McShane

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Nixon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* ~ *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 995 N. Pratt

Cause of Death, First (Primary,) Disease of Heart

Second (Immediate,)

Duration of Last Sickness, Feeling badly for several days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 10th 1878

Ann C. Nolly day M. D.
Medical Attendant.

Undertaker, John P. Paulus

Place of Business, 66 Frederick St.

Address Carroll P. O. Balto Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob James Dawson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil County Md.

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number.} Exeter St. 44.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, St. Ven cents cemetary

Date of Burial, April 10th 1878.

John A Schultz, M. D.
Medical Attendant.

Undertaker, Leonard Burg.

Place of Business, S. Bond St. 255.

Address N E Cor Gough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Theresa Hamer

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 11 *Months,* 2 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mechanic Court 11

Cause of Death, {First (Primary,) Erysipelas Diet

{Second (Immediate,) Convulsions

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 9th

Undertaker, Abraham Wayman

Place of Business, 30 Saratoga

E. C. Baldwin M.D.
Medical Attendant.

Address, 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 24468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March April 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Lina Meyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth} Born in Germany, Lives in U.S. 20 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 168 Saratoga Street

Cause of Death, First (Primary,) Natural

Second (Immediate,) Uterine Cancer

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, Western Cem'y

Date of Burial, April 9th 1878 E.K. Wiley M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Eutaw Sts Address 252 Hanover Street Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 22 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} State of Virginia

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} South East Cor. Mc Elderry St. & Broadway alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) "

Duration of Last Sickness, about 30 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9th 1878

Undertaker, Wm N. Dungel

Place of Business, No 62 East St

C. L. Irwin M.D.

Medical Attendant.

Address, 1106 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund Leo O'Brien

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 148 Saratoga St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 148 Saratoga St.

Cause of Death, First (Primary,) Primus Paroxysmus

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 9th 1878

Undertaker, John McCourt

Place of Business, 90 Pearl St

Wm F. Lockwood, M. D.
Medical Attendant.

Address 57 E Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Two *Years,* Three *Months,* — *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 3 Hopkins Alley

Cause of Death, First, (Primary,) Tuberculer Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 10th 1878

J. O. Harrington M. D.
Medical Attendant.

Undertaker, Charles H Hines

Place of Business, [illegible] *Address,* 321 Eight St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~April~~ 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Alphonsa (Elizabeth Lockamp)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, A Religious

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Convent de Notre Dame Augusta Co.

Cause of Death, First (Primary,) ; Second (Immediate,) Consumption of the Lungs

Duration of Last Sickness, Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, 10 April

Undertaker, [illegible]

Place of Business, [illegible]

John F. Mc Mahon M. D.
Medical Attendant.

Address E. M. Colton & Reed

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Bell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, white *Sex,* female

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 227 Harford Ave

Cause of Death, First (Primary,) Senility

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 10th 1878

M. B. Billingslea M. D.
Medical Attendant.

Undertaker, John A. Weaver

Place of Business, # 22 W. Fayette St Address Harford Ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Ross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 4 *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 64 S Bethel St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9th 1878

Undertaker, Theo Locke

Place of Business, 56 Jefferson St *Address*

E J Way *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...penalty attached to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1878 MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Vandenmatten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 370 Eight St

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, R. Spruce Cemetery

Date of Burial, April 10th

Undertaker, J. Hartle

Place of Business, 411 Eight St

R. H. D. Lee, *M. D.*
Medical Attendant.

Address 315 Eight St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24476

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to [illegible] ading the buri[illegible] *ty-four hours* after th[illegible] sooner [illegible] f law.

FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Brice (Mother)

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 Bolton Alley

Cause of Death {First, (Primary,) Second, (Immediate,)} Convulsions

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, April 10 1878

Undertaker, W. Jas Gray

Place of Business, Mulberry St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr S. Baldwin

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kinnemon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany, 21 years resident of U. S. A.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} # 164 S. Wolf St.

Cause of Death, First (Primary.) Apoplexy

Second (Immediate.)

Duration of Last Sickness, 5 hours.

All the above information should be furnished by the Physician.

Place of Burial, 1st. Ev. St Paul Cem'y

Date of Burial, April 9th 1878

Undertaker, H Franklin

Place of Business, 246 Eastern Ave

John N. Rehburgen M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24478.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th April 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Walz

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 18 *Years,* 2 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S E Corn. Aliceanna & Caroline st.

Cause of Death, {First (Primary,) / Second (Immediate,)} Catrilis & Enteritis.

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 11th/78

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynn

O J Coffman M.D.
Medical Attendant.

Address, 57 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 24479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person intending burial, within *twenty-four hours* after the death of such deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Pauls Mother

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Md

Place of Death, {Give street and number} 331 Hoffman St

Cause of Death { First, (Primary,) Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, April 9th 1878

Undertaker, C. H. Blizzard

Place of Business, Pa Ave

James A Steuart M. D.

Address, Commrs of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Dr S. Baldwin

No. 21480

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludenia Friedman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty Six *Years,* Four *Months,* ——— *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Petersburg Virginia

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number.} No 140 Balt. Howard St

Cause of Death, {First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, Six Days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 10th 78

Undertaker, Wm H Chase

Place of Business, 1 Monument

J J Shultz M. D.
Medical Attendant.

Address 260 South Eutaw St

Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24481

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Henry Rice

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 78 Jasper St

Cause of Death, {First (Primary,) ~~Etc~~ Bronchitis

{Second (Immediate,) Broncho-Pneumonia

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9 1898

{*Undertaker,* .....

{*Place of Business,* .....

L. E. Atkinson M. D.

Medical Attendant.

Address 209 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2111182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Weaver

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Twenty eight 28 Years, Few 10 Months, Three 3 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 20 Mc Elderry Street

Cause of Death, First (Primary,) Interstitial Nephritis (Brights Disease)

Second (Immediate,) Uremia

Duration of Last Sickness, One (1) year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 11th 1878

Undertaker, John A. Weaver

Place of Business, # 22 W. Fayette St.

R. Selman M.D.
Medical Attendant.

Address S.E. Cor Eay & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Hance

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Maryland

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} 59 N Paca st

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, April 10th 1878

Frank W. Lemmon M. D.
Medical Attendant.

{*Undertaker,* John S Bracht / *Place of Business,* No 150 Camden} *Address* 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 1057

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 244484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Ellen Kew

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No 42 Hughes St

Cause of Death, {First (Primary,) ... {Second (Immediate,) Asthma

Duration of Last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 11th 1878

{*Undertaker,* James D Byrne

{*Place of Business,* No 63 N Front St

L. A. Burch M.D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 244185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patty Finnegan

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age About 58 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wagoner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 42 Constitution

Cause of Death, {First (Primary,) Erysipelas of the head.
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 11th 1878

Undertaker, James F Byrne

Place of Business, No 63 N Front St

Wm Whitridge M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878 6 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kelleher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number} 13½ Little Front St

Cause of Death {First, (Primary.) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, Several Months

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 10th 1878

Undertaker, James S Byrne

Place of Business, No 63 In Front St

A Englehertz M.D.
M. D.
Medical Attendant.

Address, 11 S. Hughes St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {~~Cross out the words not required in this line.~~}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 428 Orleans St.

Cause of Death, {First (Primary,) Scarlatina, Malignant

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel cemetery

Date of Burial, April 10th 1878

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

J. J. White, M. D.
Medical Attendant.

Address 241 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24488

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 8 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Murray

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1 Dan Hamburg & Leland

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 10th 1878

Undertaker, Julius Koehler

Place of Business, Shop x Cross st *Address,*

S Ludlow *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Feigler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 *Years,* *Months,* 5 *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Teamster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germania

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } Belair Av. Baltimore

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Marasmus

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 11 1878

Undertaker, Geo. Schaller

Place of Business, Associate Address

Robt. M. Pl. Parrott M. D.
Medical Attendant.
N. 88 S. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Tate

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co'y

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 184 Orchard St.

Cause of Death {First, (Primary,) Second, (Immediate,)} Pulmonalis

Duration of last Sickness, 6 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Cath. Mt. Cemetery

Date of Burial, April 4 1878

Undertaker, [illegible]

Place of Business, [illegible]

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 E. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary L. Cook

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20; *Years,* 11. *Months,* 25 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 319 Light St

Cause of Death, First (Primary,) ....

Second (Immediate,) Pulmonary Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudenbach

Date of Burial, April 10 78

Hendrickson M. D.
Medical Attendant.

Undertaker, Armstrong & Deny *Address* 146 Hanover St

Place of Business, No 283 Ludlow

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1052

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9, 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Collins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 182 Johnson St

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) Tuberculan Meningitis

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Hendrix Cotton M. D.

Medical Attendant.

Date of Burial, April 10 98

Undertaker, Armstrong & Dery *Address* 146 Hanover St

Place of Business, 263 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24493,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia C. Yates (Yates

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 62 *Years,* 3 *Months,* 2 *Days.*

Color,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and number} 334 Hamburg St.

Cause of Death First, (Primary,)

Second, (Immediate,) Cancer of Stomach.

Duration of last Sickness, about 1 year.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 11th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th April 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Riley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Mariner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Living Life —

Place of Death, { Give street and number. } No 41 Parrish

Cause of Death, { First (Primary,) Valvular disease of Heart
Second (Immediate,) Lung Hæmorrhage.

Duration of Last Sickness, About an Hour

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem. Chas Innes M. D.

Date of Burial, April 10 1878 Medical Attendant.

Undertaker, Geo J. Chalmers *Address* 530 W. Eastern

Place of Business, Same Store

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geo Lehneis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 44 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} No 48 Gough st

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Mount Israel

Date of Burial, April 10th

Undertaker, [illegible]

Place of Business, [illegible]

L O Winternitz *M. D.*
Medical Attendant.

Address, 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Falls

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 92 Carrollton Av

Cause of Death, {First (Primary,) Bright Kidney} {Second (Immediate,) Uremia}

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Apr 11/78

Undertaker, Hughes Va

Place of Business, 5306 W Fayette St

Reggie Buckler M. D.
Medical Attendant.

Address 135 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

for Burials to the [illegible]

No. 24497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi B Eyer

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 54 *Years.* 7 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 59 McHenry

Cause of Death { First, (Primary,) Dropsy — Hepatic —
Second, (Immediate,) 10 Mo

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, April 11 1878

Undertaker, J. B Blackistone & son

Place of Business, 606 Balto St

I H Cheney *M. D.*
Medical Attendant.

Address, I H Cheney

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cem... No. 24498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Della Keagle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 23 *Months,* ... *Days.*

~~Color~~, ...

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 2 Miller Pl

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate,) " Double

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 11th Apl. 1878

Undertaker, Frost Bro.

Place of Business, 671 S. Broadway

W. H. White, M. D.
Medical Attendant.

Address 671 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of

No. 22499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter H. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 11. *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Liberty Road. Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Liberty Road.

Cause of Death, First (Primary,) Epilepsia

Second (Immediate,)

Duration of Last Sickness, 5 days. 11

All the above information should be furnished by the Physician

Place of Burial, Laurel County

Date of Burial, April 10. 1879

W. H. Sim, *M. D.*
Medical Attendant.

Undertaker, John C Jones

Place of Business, 263 Pratt

Address Cor Sharp & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 10 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Ebert

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (27 yrs in America

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First (Primary,) old age

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 1

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 11 1898

Undertaker, Henry Stouck

Place of Business, 30 Eastern Ave

Oscar L. Cleary M.D.
Medical Attendant.

Address, 188 E. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Berney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 13 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 59 Stockton Ave.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} & City

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} 59 Stockton Ally

Cause of Death, {First (Primary,) ... No Attendance by a Doctor

{Second (Immediate,)

Duration of Last Sickness, 7 Months Thinks he never well

All the above information should be furnished by the Physician.

Place of Burial, St Sharps st Cemetry

Date of Burial, April 6th 1878

Undertaker, Wm H. Dunger

Place of Business, 18 10 Stockton alley

Sol Entelisnick M. D.
Medical Attendant.

Address 5[illegible] W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24502

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Evans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 8 Carlton St.

Cause of Death, First (Primary,) Acute Lobular Pneumonia

Second (Immediate,) Asthenia & Apnoea combined

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 11th 1878

Undertaker, Wm. N. Dunger

Place of Business, No 10 Stockton Alley

Eugene F. Cordell M. D.
Medical Attendant.

Address No. 125 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemet... Ch... ...to returns of all Burials

No 24503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24503,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday. April 10th. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Dempsey

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 8 *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower. {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} # 7 Eden St Court.

Cause of Death, {First (Primary,) Phthisis Pulmonalis.

{Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April the 11. 1878

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

Wilmer Bruton M.D.
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24504

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Balthasar Bachman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 58 Essex Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, St Ev. St Paul's

Date of Burial, April 11th 1878

Undertaker, H. Eschlich

Place of Business, 246 Eastern Av

James G. [illegible] M. D.
Medical Attendant.

Address 60 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits [illegible] No. 24505

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Virginia Schuf

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 39. Trinity Ct

Cause of Death, First (Primary,) Cardiac Dropsy

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, April 12

Undertaker, J B Cook

Place of Business, 707 W Pt Baltimore

James Smilay M. D.
Medical Attendant.

Address No 14 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries [illegible] will make [illegible] of all Permits

No. 21306

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Hussey

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, [illegible] *Years,* [illegible] *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 S. Bethel St.

Cause of Death, {First (Primary,) Scarlet fever

{Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, 11 April

{*Undertaker,* John Brown

{*Place of Business,* 192 Hedgeter st

R. W. Manford *M. D.*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...rs of Cemeteries in City of Baltimore will make returns of all Permits ... No. 24...

...cial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24507.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kerner

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* 8 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 915 E Lomb. St.

Cause of Death, {First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Apr. 12th 78

Undertaker, H. France

Place of Business, 280 Canton Ave

Abram B Arnold M.D.
Medical Attendant.

Address. ———

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Undertaker or other persons superintending the burial, a Certificate setting forth, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 214

...cial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Russell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Fredk Co Md

Duration of Residence in the City of Baltimore, 40 to 50 years

Place of Death, { Give street and number. } 66 Bolton st Cor of Dolphin

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) About three weeks

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Friends Cemetery E. Guver M. D.
Medical Attendant.

Date of Burial, April 11th 1878

Undertaker, Wm Weaver *Address* 289 W Fayette st

Place of Business, 202 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burial to the Office whence issued, Saturday of each week.

No. 24509

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Hudewer

~~Sex~~, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 43 *Years,* 11 *Months,* ____ *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany, 5 Years

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 16 Hamburgh

Cause of Death, First (Primary,) Insuff. valv. mitral

Second (Immediate,) Asthenia, Diarrhoea

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 11 1878

Undertaker, F. M. Troll

Place of Business, 131 Hanover St

Peter Arnet, M. D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore will make returns of all Permits

No. 24...

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

Permit No. 24570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1878 BALTIMORE

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kennan

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 29 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 45. Holland St.

Cause of Death, {First (Primary,) Bronchial Catarrh

Second (Immediate,) Dis tonsil

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 11. 1878

{*Undertaker,* H. A Dauer

Place of Business, 74 S. Broadway

W. F. O'Reilly M.D.

Medical Attendant.

Address, 235. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of ...

No. 243

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1878

CERTIFICATE OF DEATH.

Date of Death, April 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. Snyder

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. since birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 8 S. Castle st

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 11

Undertaker, W. Dippel

Place of Business, S. Bond st. 151

G. Hamilton M.D.
Medical Attendant.

Address, Balt. & Paca sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of ...

No. 2145

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Broening

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 44 Hill St.

Cause of Death {First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 11th

{*Undertaker,* Henry Brien

{*Place of Business,* Fremont St 81

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Shaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of B[illegible] will make returns of all Permits for P[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Irene Zickel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, " 4 months

Place of Death, {Give street and number.} 62 N. Washington St

Cause of Death, First (Primary,) Pneumonia ——

Second (Immediate,) ——

Duration of Last Sickness, 4 days ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 11th 78

Undertaker, Fry & Bro

Place of Business, 154 W Broadway

J. J. Gaw[illegible] M. D.
Medical Attendant.

Address 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1878 BALTIMORE

Date of Death, April 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie Herring

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~~Years,~~ Three 7 *Months,* Thirteen (13) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt Co Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 106 W. Fayette Street

Cause of Death, First (Primary,) Eclampsia

Second (Immediate,)

Duration of Last Sickness, Several hours.

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Phil Road

Date of Burial, April 11th 1878

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

[illegible] M. D.

Medical Attendant.

Address, 17 N Fayette Carolina Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 120 S. Dallas Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)}

Duration of Last Sickness, 9 Months

All the above Information should be furnished by the Physician.

Place of Burial, Davis St Burying Ground

Date of Burial, April the 11th 1878

{*Undertaker,* William H Runyer

Place of Business, 52 East St

James T. McShane M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 21[illegible]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIF[illegible]

Board of Health, City of Baltimore,

Permit No. 24576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Alberta Lockwood

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* 5 *Months,* [illegible] *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. X

Place of Death, {Give street and number.} 12 S. Regester St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Cerebro-Spinal meningitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, April 12th 1878

Undertaker, Theodore J. Locks

Place of Business, 56 Jefferson St

B F Leonard M. D.
Medical Attendant.

Address 26 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 24517

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl. 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Taylor

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Twenty nine *Years,* — *Months,* — *Days*

Color, Rese

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cartman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} Warren Ct.

Cause of Death. {First (Primary,) Heart disease.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Cemetery

Date of Burial, April 12 th 1878

{*Undertaker.* Theodore J. Locke

{*Place of Business,* 46 Jefferson st

D. E. Ireland M.D.

Medical Attendant.

Coroner E. Dist.

Address.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 24578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Layman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 ~~48~~ *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 423 Penn Ave

Cause of Death, {First (Primary,) Paralysis / Second (Immediate,)}

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Greenmount

Date of Burial, ~~April 14th 1878~~ April 14th 1878

Undertaker, John F Andrews

Place of Business, No 486 Druid Hill Avenue

J. J. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of thi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bertha French

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* 12 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 40 Mulberry St

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 40 Mulberry St

Cause of Death, First (Primary,) Meningites (Inflamatory

Second (Immediate,) Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, April 12th 1878

C J Way M. D.
Medical Attendant.

Undertaker, Henry W Mears

Place of Business, 45 N. Gay St *Address* 195 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 24520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Williams

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 93 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Wilson alley

Cause of Death, First (Primary,) old age

Second (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 12th 1878

Undertaker, F. B. Cook

Place of Business, 707 W. Baltimore St Baltimore Md.

C Winslow M. D.
Medical Attendant.

Address 23 McCulloch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24321,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter F Bohenson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 3 *Months,* *Days.*

Color, Light Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No 105 Shields Alley

Cause of Death, First (Primary,) unknown

Second (Immediate,) Spinal Rheumatism

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 12th 1878

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

B F Bohner *M. D.*
Medical Attendant.

Address cor Dolphin & Rose sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 24522.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10'

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Cole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 0 *Months,* 0 *Days.*

Color, Negro

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Leather Inspector

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland 26 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 174 Vine St

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, April 11 1878

Undertaker, Gill Chase

Place of Business, 198 S Howard St

David Streett M. D.
Medical Attendant.

Address 163 St. Louis St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24532,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1878 BALTIMORE

Date of Death, August 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 18 Wayne St

Cause of Death, {First (Primary,) ....} {Second (Immediate,) Dysthesia}

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, April 13 1878

{*Undertaker,* [illegible]
Place of Business, 191 Shawmut St} *Address* 146 Hanover St

Theodore Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24824

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th 1878 April

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Ehlert.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 57. *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number.} 62 Monroe St.

Cause of Death, First (Primary,) Painters Colic

Second (Immediate,) Paralysis 4 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemitary

Date of Burial, April 6th 11 AM

Undertaker, John Paulus

Place of Business, 66 Fredrick Ave.

C. F. Brau M. D.

Medical Attendant.

Address Balto. Gen Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2143

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. J. A. Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 9 *Days.*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 239 Montgomery St.

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Acute

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Shiloh St. Cemetery

Date of Burial, April 11th 1878

Undertaker, Jacob Davis

Place of Business, 103 Lee St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 11. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Powell,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 35 ~~36~~ *Years,* 11 *Months,* *Days.*

Color, White — *Sex,* Male —

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia —

Duration of Residence in the City of Baltimore, 14 years —

Place of Death, {Give street and number.} 97 Fort Avenue —

Cause of Death, {First (Primary,) Phthisis Pulm. —
Second (Immediate,)

Duration of Last Sickness, 3 years —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 12th.

Undertaker, J. N. Bell

Place of Business, 57 N. Howard St. *Address* 247 Lawson st —

J. L. Eagle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10. 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary C. Brien

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow*~~ or ~~*Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } No 3 Pattison av

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery A. Tinsley M. D.

Medical Attendant.

Date of Burial, April 12th

Undertaker, H. S. Cook and Son

Place of Business, above Street Baltimore *Address* 386 Druid Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1878 BALTIMORE

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Webb

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, white *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N° 303 W. Fayette St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Paralysis of the heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Apr 12/78

Undertaker, Smith & Merrill

Place of Business, 35 Park Ave

Henry Salyer M. D.
Medical Attendant.

Address 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 11 1878 BALTIMORE

Date of Death, April 10 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Walters

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Thirty five *Years,* —— *Months,* —— *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, Boatman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Leakin St. Wharf.

Cause of Death, {First (Primary,) Drowning / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, April 12 1878

Undertaker, Pat Mullin

Place of Business, 67 Cambridge St

N. E. Ireland M.D.
Medical Attendant.

Address. Coroner E. Dist

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 24530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Thomas

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} don't Know

Occupation, Convict

Birthplace, {State or country (and how long in the United States, if of foreign birth.} don't Know

Duration of Residence in the City of Baltimore, ~~don't Know~~ 2 years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Stricture

Second (Immediate,)

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery J. M. Brooke Boyle M. D.

Date of Burial, April 11th 1878 Medical Attendant.

Undertaker, R. Mullin

Place of Business, 67 Cambridge St. *Address* 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2453/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mackinac Gregg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eighty Eight 88 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 60 Years.

Place of Death, {Give street and number.} Asylum Hospital

Cause of Death, First (Primary,) Senility

Second (Immediate,) Marasmus.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery Md Station. M. D.

Date of Burial, April 12th 78 Medical Attendant.

Undertaker, Wm Silver

Place of Business, 101 Gaught St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24532

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Curtis

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, *Years,* one *Months,* 4 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} 82 North Ann St

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) Three (3) Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetry

Date of Burial, April 10 th

Undertaker, James Brackston

Place of Business, 75 Mare Alley

D D Shehan M.D.

Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24533,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1878

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ross

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* —— *Days.*

Color, Black *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 3, Shields alley

Duration of Residence in the City of Baltimore, One Year & Six months

Place of Death, {Give street and number.} No. 3, Shields al.

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Consumption

Duration of Last Sickness, Eight months,

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetry

Date of Burial, April 11th

Undertaker, James Brackston

Place of Business, 75 Moore Alley

H. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1878

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878 — 1.30 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Carr

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 2 ½ hours *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 106 S. Exeter St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 106 S. Exeter St

Cause of Death { First, (Primary,) } Premature Birth { Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, April 12th 1878

A. Engelhardt M. D.
Medical Attendant.

Undertaker, James P. Byrne

Place of Business, Front St *Address,* 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1878

CERTIFICATE OF DEATH.

Date of Death, April 11. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavalia Webb.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 8. Years

Place of Death, {Give street and number.} 256 Hanover St

Cause of Death, {First (Primary,) — Second (Immediate,)} Apoplexy

Duration of Last Sickness, 3 Days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 12th 1878

Undertaker, Armstrong & Denny

Place of Business, 63 Light

Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 24536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1898 BALTIMORE

Date of Death, April 9th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Watkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days.*

Color Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Mulberry St

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate.)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Grave

Date of Burial, April 10. 1898

Undertaker, Sol C Jacobs

Place of Business, 18 S. Paca St

Geo B Reynolds M. D.
Medical Attendant.

Address 43 North Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2145

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certifica

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henson Boyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S. Bethel St

Cause of Death { First, (Primary,) Teething
, { Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, April 12 1878

James A Stewart M. D.
~~Medical Attendant.~~

Undertaker, Geo T. Jones

Place of Business, S. Dallas St

Address, Comm'y of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 11 1878 BALTIMORE

Date of Death, April 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Bne.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 5 *Months,* 9 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 Conway

Cause of Death, First (Primary,) Carie spi petrosi et Sali

Second (Immediate,) Septicaemia Apoplexia

Duration of Last Sickness, 3 Days

All the above informations should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 12 1878

Undertaker, Julius Koehler

Place of Business, Cross St

Otterauer M.D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health. City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jackson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give street and number.} 48 Peach alley

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, about 7 months.

All the above Information should be furnished by the Physician.

Place of Burial, Dallas st

Date of Burial, April 11 1878

Undertaker, Hercules Ris

Place of Business, 1167 Eastern Ave

J. B. White M.D.
Medical Attendant.

Address, Northern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 24540

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 11 1878

Date of Death, April 10th 18 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lemuel Leath

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} M

Age, 12 *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 5 Bolton alley

Cause of Death, {First (Primary,) Cerebritis

Second (Immediate,)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 10 1878

Undertaker, Geo. C. Jones

Place of Business, 14 W. Fayette St

Wm F. Leath M. D.
Medical Attendant.

Address. No 14 W. Baker St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2145

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24541

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Gries

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} F.

Age, 7. *Years,* 7. *Months,* 7. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 193 North Armor. near Pentalo St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 12th

Undertaker, John P. Paulin

Place of Business, No. 66 Fredrick St. *Address,* 582 W. Lafayette

Wm. McClues M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1878 @ 9 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Kerr,

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Life 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Sixty-three (63) years

Place of Death, {Give street and number.} No 252 Columbia Ave.

Cause of Death, First (Primary,) Natural Disease

Second (Immediate,) Inertia of Heart - action from debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 12th 1878

Undertaker, Charles H. Fogle

Place of Business, 61 Hanover St.

Jno. H. Oliver M.D.

Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24873,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th April

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 379 E. Lombard st.

Cause of Death, {First (Primary,) Hemorrhage from the bowels

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St Alysons Cem

Date of Burial, April 12th 1878

Undertaker, A. Kohler

Place of Business, 244 E Lombard st.

John F. Monmonier M. D.
Medical Attendant.

Address 6 N. Calvert st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on the

Board of Health, City of Baltimore,

Permit No. 24574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878 at 11 o'clock a m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Zieu

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 29 Law St. Baltimore Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 29 Law St. Baltimore

Cause of Death, {First (Primary,) Inflamation of Brain

Second (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cem.

Date of Burial, 13th April 1878 C. C. Richardson M. D.

Medical Attendant.

Undertaker, Philipp Steuwald

Place of Business, 35 S. Eutaw St *Address* 302 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24527 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Baltimore~~ City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 128 N. Eden St

Cause of Death {First, (Primary,) Second, (Immediate,)} Consumption

Duration of last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 13th 1878

Undertaker, H. W. Means

Place of Business, Gay St

James H. Chisam M. D.

Address, Comm'y of Health & Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr. C. Geo Wallo - V. P.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth No. Newman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 Union St near Rail Rd.

Cause of Death, First (Primary,) Abscess in

Second (Immediate,) Pericarditis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 14th 1878

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave

[signature] M. D.
Medical Attendant.

Address 74 Union & Mulberry Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta K. McIver

~~Sex, Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 42 *Years,* 5 *Months,* 23 *Days*

Color, white

~~Married, Single~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, gentlewoman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cheraw - South Carolina

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41 Mulberry St.

Cause of Death, {First (Primary,) Organic Disease of Liver

Second (Immediate,) Pericarditis

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Cheraw S. C.

Date of Burial,

Undertaker, C. H. Blizzard

Place of Business, 201 Penn Ave.

F. Donaldson M.D.

Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Laurel 1053

[OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

Permit No. 24528

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roberta Taliaferro

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Thirty two *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Mother of a family

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of Virginia

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} No. 20 Patterson Avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Gradually sinking for several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon P.

Date of Burial, April 12

Undertaker, C. H. Blizzard

Place of Business, 201 Pen

J. M. Johnson M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24549

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial of this deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR
12
1878
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Cornish

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 25 Norris St

Cause of Death First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12 1878

Undertaker, I. B. Cook

Place of Business, Balto St

James A Steuart M. D.
Medical Examiner

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24557.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Means

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Nine *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Bucks Mo

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 Bruce St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, ——— ——— ———

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 12 1878

Undertaker, S. A. Amos

Place of Business, Howard St

J. C. Skinner M. D.
Medical Attendant.

Address 62 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24551

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie A. & Richard Walsh

Sex, Male or ~~Female~~, {cross out the word not required in this line.} 2

Age, ——— *Years,* ——— *Months,* 10 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 88 Goodmans alley

Cause of Death {First, (Primary,) ——— Second, (Immediate,) Asthenia

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, April 12 1878

Undertaker, H. Briely

Place of Business, ———

James A Steuart M. D.
Medical Attendant

Address, Comm of Health
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr James Basley V.P.

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24532,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant S. Jos. L. & Mary E. Simms

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ~ *Years,* ~ *Months,* 2 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 2 hours

Place of Death, {Give street and number.} 142 S. Green St.

Cause of Death, {First (Primary.) ... Second (Immediate,) ...} Premature birth 2 hours

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, April 11th

Undertaker, J. Schaefer

Place of Business, 150 Lanvale St.

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Fydings.

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 5-8 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Mariner and Painter.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number} 27 Hamburg Str.

Cause of Death, First, (Primary,) Congestion of Brain and Lungs

Second, (Immediate,) Pernicious Intermittent

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co

Date of Burial, April 13th 1878

J. C. Harrington. M. D.
Medical Attendant.

Undertaker, Armstrong Bros

Place of Business, 263 Fleet

Address, 321 Light Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Manuel 1054

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Mullen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, 2. Years

Place of Death, {Give street and number.} 9 Henry St

Cause of Death, {First (Primary,) ... Second (Immediate,) Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, April 13

Undertaker, C. F. Krauze

Place of Business, 209 Hanover

Thos Cronin M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24555 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th April, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kelly.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and number.} 37 Preston Street.

Cause of Death, {First (Primary,) Pleuro-Pneumond. Second (Immediate.)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Barney Brae

Date of Burial, April 16th 1878

Geo. J. Collins *M. D.*
Medical Attendant.

{*Undertaker,* Chas. J. Sevier
{*Place of Business,* 271 W. Saratoga *Address* 46 Richmond St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

Permit No. 24556

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. T. Montgomery

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Physician

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Harford Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 273 Madison Ave

Cause of Death, {First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bel Air Harford Co

Date of Burial, April 13 1878

Undertaker, C. H. Blazer

Place of Business, Penn St

Fred. Latimer M.D.

Medical Attendant.

Address, 189 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thirl 12th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnis Williams

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. } Female

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~ { Cross out the words not required in this line. }

Occupation, Housework

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Fort Depot Cecil Co Md

Duration of Residence in the City of Baltimore, abt 40 yrs

Place of Death, { Give street and number. } 88 N Edwd St.

Cause of Death, { First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 13 1878

{ *Undertaker,* Thos. S Hughes

{ *Place of Business,* 60 E Baltimore St

Geo. L Kinnamon M. D.
Medical Attendant.

Address 76 E Balt St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Chr. Eitel

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 62 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 26 Lexington

Cause of Death, {First (Primary,)} Carcinoma uteri

{Second (Immediate,)} General Cachexia

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14th

Undertaker, Henry Brice

Place of Business, Pennsylvania 81

Henry Fischer M.D.
Medical Attendant.

Address. 162 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY ▲ FILM ■

Board of Health, City of Baltimore,

Permit No. 24859

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gage Power

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 29 Neighbor St.

Cause of Death, {First (Primary,) .....
Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem't

Date of Burial, April 14 - 78

Undertaker, John J Rodenmyer

Place of Business, Cor Brenmont ave & Monument St

Wm Whitridge M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878. 11. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Herman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 95 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Gun Dealer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number.} 36. Barnes Street

Cause of Death, {First (Primary,) Senility

{Second (Immediate,) Marasmus.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 14. April

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

W. H. Scholes M.D.
Medical Attendant.

Address, Cor Eutaw & Carrow Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24561.

The Physician who attended any ... pre... out, to the Undertaker or other person... ding ... four hours after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan & Richd L. Dunn Parents

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 58 China St

Cause of Death {First, (Primary,) Convulsions

Second, (Immediate,) 4 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14 1878

Undertaker, Hercules Ross

Place of Business, Conway St

Jas A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr. S. A. Bell V. D.

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel P. Barton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 27 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 205 N. Bond.

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number} 215 N. Bond.

Cause of Death { First, (Primary,) Gastritis
Second, (Immediate,) Inflamation of the Brain

Duration of last Sickness, 21 days ~~—~~

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14th 1878

J. Ghost ~~—~~ *M. D.*
Medical Attendant.

Undertaker, Wm H. Stickman

Place of Business, 234 N. Gay St. *Address,* 137. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Wandy

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 13 *Months,* 7 *Days.*

Color, Colored *Sex,* ———

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 28 Union St.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) ———

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 13th 1878

Undertaker, Wm J Gorsuch

Place of Business, 15 Mulberry St *Address* 93 N. Green St.

J. Zepp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 11, 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry High

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 1 *Years,* 3 *Months,* 7 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 46 Parkin st.

Cause of Death, First (Primary,) Measles | Child of scrofulous diathesis.

Second (Immediate,) Meningitis

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 14th

Undertaker, S. M. Leonard & Son

Place of Business, 182 W. Baltimore

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr 12 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Doughert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 4 N Caroline

Cause of Death, {First (Primary,) Old Age / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, April 14th 1878

Undertaker, Joseph J Byrne

Place of Business, 59 n Liberty st

H. D. Howard M. D.
Medical Attendant.

Address Cor Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24566.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ames

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 81 Burgundy alley

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) About one year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 14 1878

Undertaker, Hercules Ross

Place of Business, 96 Conway

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evaline Baynard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Smyrna Delaware

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 246 George st

Cause of Death, First (Primary,) Puerpural Fever

Second (Immediate,) " "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Smyrna Delaware

Date of Burial, April 15th 1878

Undertaker, Jas L. Loane

Place of Business, 58 W Baltimore st

Shw S Pennington M. D.
Medical Attendant.

Address 98 N Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Frank 1055

[OVER.]

No. 214

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Wm Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chestertown Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} 41 Hamstead St

Cause of Death, First, (Primary,) Carcinoma of Breast, &c.

Second, (Immediate,) .....

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cem

Date of Burial, April the 14th 1878

D W Cathell M. D.
Medical Attendant.

Undertaker, Wm A Dunnee

Place of Business, 62 East St

Address, 2 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Tomlin Hopkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 138 St. Paul St.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem. J. E. Lindsay *M. D.*

Date of Burial, April 14/78 Medical Attendant.

Undertaker, Henry W. Lupton & Son *Address* 159 Park Ave

Place of Business, 16 Light St. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2, And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1878 REGISTRAR'S DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Doyle.

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the words not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 64 Dolphin St

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,) Do-

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, April 14th 1878

Undertaker, Wm F Screven

Place of Business, 211 N Eutaw St

D. R. Owen M.D.

Medical Attendant.

Address, Lombard Park

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 13 1878

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Finn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ... *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 77 Thames St.

Cause of Death, First (Primary,) Catalepsy.

Second (Immediate,) Convulsions.

Duration of Last Sickness, Nine weeks.

All the above information should be furnished by the Physician.

Place of Burial, Woodbourne Cem.

Date of Burial, April 14th 78

Undertaker, Michael Ryan

Place of Business, 280 Eastern Ave

Aug. F. Esich M.D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Sherman Dasen

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} .....

Age, 19. *Years,* ..... *Months,* ..... *Days.*

Color, Black, *Sex,* .....

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elizabeth City

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} Warren Road 20

Cause of Death, {First (Primary,) Phthisis Pulmonales. Second (Immediate,) .....}

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Cemetery *Medical Attendant,* John A Schultz M. D.

Date of Burial, April 13th 1878

{*Undertaker,* Theodore J Locke *Address* N E Cor Gough & Edmondson Ave

{*Place of Business,* 56 Jefferson st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24573.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Kahsl

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death, First, (Primary.)

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 15 April 1878

Undertaker, John C. Gilmore

Place of Business, 1651 Hanover [illegible] *Address,*

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Jno H. Singleton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two (2) *Years,* Two 11 *Months,* Three (3) *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 54 Kennedy St

Cause of Death, { First (Primary,) Congestion of Brain

Second (Immediate,) Comma Fever

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15th 1878

Jno H Slade M. D.
Medical Attendant.

{ *Undertaker,* J B Cook

{ *Place of Business,* 707 West Baltimore Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie A. Weistead

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, Eight Months, Two Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 339 Eastern Avenue

Cause of Death { First, (Primary,) Scrofula
Second, (Immediate,) Meningitis

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, April 14th

Wm H Henderson, M. D.
Medical Attendant.

Undertaker, H. Foehlich

Place of Business, 246 Eastern Av Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14, 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. C. Gorge

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Upturn

Place of Death, {Give street and number.} 51 Liberty Road.

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14. 1878

Undertaker, J. C. Gorsuch

Place of Business, 82 Park

G. H. Ames *M. D.*
Medical Attendant.

Address Carlton & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The S

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14, 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Two *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Hemorrhage of Lungs

Second (Immediate,) Heart Disease

Duration of Last Sickness, Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Cemetery

Date of Burial, April 14. 1878

Undertaker, Geo. C. Gode

Place of Business, No 62 Balt. St.

Address 156 E. Fayette St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Max Neumaier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 1 *Months,* 5 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} S. Dallas st. 95.

Cause of Death, First (Primary,) Stirrhis ventriculi

Second (Immediate,) Complete Exhaustion

Cancer of Stom ach

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, S. Alfonzis Cemetery

Date of Burial, April 15th 1878

Undertaker, Leonhard Kurz *Address*

Place of Business, S. Bondstreet 222.

C. H. Pitts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The S

Board of Health, City of Baltimore,

Permit No. 24579

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Adam Gröner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Rock St

Cause of Death, {First (Primary.) Inspection

Second (Immediate,) Collapse

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 16th 1878

Undertaker, P. Kummel

Place of Business, Mulberry St

S. T. Knight M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Iron Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 57 yrs

Place of Death, {Give street and number.} N E Cor Bond & Aisquith

Cause of Death, First (Primary,) .....

Second (Immediate,) Atrophy of the Liver

Duration of Last Sickness, Several yrs

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 15.

Undertaker, W G Watchman

Place of Business, 191 S Bond St

Address .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 14 1878
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Dilg

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Fifty Eight *Years,* ——— *Months,* ——— *Days.*

Color, African

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick County Md.

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number.} 48 Carlton St. D——

Cause of Death, {First (Primary,) 3 Second (Immediate,)} Cancer of the Uterus

Duration of Last Sickness, Three weeks (Under one not Over Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14th 1878

Undertaker, Wm N Dunger

Place of Business, No 10 Stockton Alley

Ot. C. Evans M. D.
Medical Attendant.

Address 50 N Eutaw St Cor Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, apr 14. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Samuel Sheely

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, — *Years,* 1 3 *Months,* 7 *Days*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Cor Madison & Gordon

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) effusion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Grant & Peters Bens Cy Dan Tannyhill M. D.

Date of Burial, April 15th 1878 Medical Attendant.

Undertaker, John J Andrews

Place of Business, 104 x 6 Druid Hill Avenue *Address,* 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24583,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Lucas

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 634 W Pratt St

Cause of Death, First (Primary,) Pneumonia – followed by Diptheria

Second (Immediate,) Croup –

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 15th 1878

Undertaker, J. B. Cook

Place of Business, 707 W. Balt. St. Baltimore Md

Wm Keating M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 14 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fallon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Days~~ 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Home of Friendless

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life Years

Place of Death, {Give street and number.} Home of Friendless

Cause of Death, First (Primary,) Typhoid Disease

Second (Immediate,) Marasmus

Duration of Last Sickness, Life Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 14th 1878

Geo Van Bibber M.D.
Medical Attendant.

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St

Address 44 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18 " 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Fitchett

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 46 *Years,* / *Months,* / *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 78 Johnson St.

Cause of Death {First, (Primary,) / Second, (Immediate,)} Apoplexy

Duration of last Sickness, 6 or 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, April 19 "

Undertaker, B Flade

Place of Business, 411 Eight St

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Thirman Gardner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 15 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 7 N. Sharp St. 2nd door East of Mon.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthma

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, Apr. 15, 1878

James Boyd, *M. D.*
Medical Attendant.

Undertaker, Hy. Frazier

Place of Business, 511 N. Broadway

Address Cor. Madison ave. & St. Paul st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C... No. 24

Board of Health, City of Baltimore,

Permit No. 24387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Ostterlein

Sex, Male or Female, {cross out the word not required in this line.} Female —

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Wife —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wirtenberg Germany

Duration of Residence in the City of Baltimore, 13 years —

Place of Death, {Give street and number} N. W. Cor Fayette & Castle. Str.

Cause of Death, First, (Primary,) Consumption of the Lungs —

Second, (Immediate,) do —

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, April 16th 78

Undertaker, Wm Nicholas.

Place of Business, 213 Aisquith

L. A. Dohme. M. D.
Medical Attendant.

Address, S. E. Fayette & Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. G. GOLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 13, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara S. Hoy

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* 6 *Months,* 4 *Days*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 11 N. Stockton St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) "

Duration of Last Sickness, A month or more.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April th 15-th 1878

Undertaker, Wm. H. Danger

Place of Business, No 10 Stockton Alley

John Hood M.D.
Medical Attendant.

Address, 8 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24589

HEALTH DEPARTMENT 1878 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14. 1878

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Grimes

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, white

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 32 E. Caroline St.

Cause of Death {First, (Primary,) Anasarca

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15th 1878

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

G. F. Funk M. D.
Medical Attendant.

Address, Balt. & Md. Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Araminta Graft.

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 88 *Years,* 6 *Months,* 19 *Days*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, 80 years.

Place of Death, {Give street and number.} 66 S Ann St

Cause of Death, First (Primary,) Old Age.

Second (Immediate,) Debility

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Phil. Road

Date of Burial, April 17th 1878

Undertaker, Hughes & Co

Place of Business, 66 S Broadway

E. P. Jones. M. D.
Medical Attendant.

Address, 406 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lackey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty Eight *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} 27 E Biddle

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Josephs Balto County

Date of Burial, April 16th/78

Undertaker, Geo Schilling

Place of Business, Ashland Lyceum

Attd Eccles M. D.

Medical Attendant.

Address 182 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret K. Jenkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} No: 244 W. Charles St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about three years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, 17th April 1878

{*Undertaker,* Wm. Jenkins & Son

Place of Business, 16 Light St

F. Jenkins M. D.

Medical Attendant.

Address 2 E. Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24593.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grace Brock

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 1 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 179 N. Spring

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, April 15 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

C. L. Heath M.D.
Medical Attendant.

Address, 179 N Spring

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 24594

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Buckenough

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 10 *Years,* 4 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Roller for Sewing Machines

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bridgewater Pa U.S.A.

Duration of Residence in the City of Baltimore, Since Feby 1st 1878

Place of Death, {Give street and number.} 38 S Eutaw St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial,

Undertaker, Hyn Jenkins & Son

Place of Business, 16 Light St

Charles L Wurtz, M. D.
Medical Attendant.

Address, 38 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Fraser 1056

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Willi,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 150 N. Burgundy & Balt. Co.

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physicians.

Place of Burial, St Alphonsus Cem. Dr. R. Kinnan M. D.

Date of Burial, the 16th of April Medical Attendant.

Undertaker, P. Kimmel *Address* 680 N. Fayette St

Place of Business, 311 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24596

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Mackie

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Stone cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Scotland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 141 Myrtle ave

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. *Thomas Shearer* *M. D.*

Date of Burial, April 17th 1878 Medical Attendant.

{*Undertaker,* John J Andrews

{*Place of Business,* No 456 Druid hill Avenue *Address* 97 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4 Mo 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Louisa Hauser

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 340 Saratoga

Cause of Death, First, (Primary,) Bright's disease

Second, (Immediate,)

Duration of last Sickness, 2 years About

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 16 1878

W. Riley M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Penn Ave *Address,* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha [illegible]

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 189 Orchard St

Cause of Death, First, (Primary,) Inflammation of Bowels

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, April 16th

Undertaker, Henry Boicke

Place of Business, Hanover St 81 *Address,*

DR. J. H. SMITH, APR 15 187[illegible] BALTIMORE, MD.

_____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Night April 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Evans

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 15 Chew St.

Cause of Death, {First (Primary.) Bronchitis with Pyphemia complication

{Second (Immediate,) "Old Age"

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, April 16th 1878

{*Undertaker,* W. H. Hickman

{*Place of Business,* Gay St

Wilmer Brown M. D.
Medical Attendant.

Address 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Kalvelage,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* 27 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 273 N. Central Ave.

Cause of Death, {First (Primary,) ... {Second (Immediate,) Endocarditis (complicating Rheumatism)

Duration of Last Sickness, 20 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem[etery] *Signature of* George H. Kahl, M.D.
Medical Attendant.

Date of Burial, April 17, 1878

{*Undertaker,* Henry Flocck
Place of Business, 304 Central Ave} *Address* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Baker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 570 Penna Ave

Cause of Death, First (Primary,) Carcinoma —

Second (Immediate,) Intestinal Carcinoma —

Duration of Last Sickness, 14 Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 17th 1878

W. Edward Zibler M. D.
Medical Attendant.

Undertaker, J. J. Andrews

Place of Business, #4 & 6 Druid Hill Ave.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sweet

Sex, Male or Female; {Cross out the words not required in this line.}

Age, 85 *Years,* *Months,* [illegible] *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wood Sawyer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia Richmond

Duration of Residence in the City of Baltimore, about 45 Years

Place of Death, {Give street and number.} 28 Douglas St

Cause of Death, {First (Primary,) Chronic Diarrhoea / Second (Immediate,) Debility & exhaustion

Duration of Last Sickness, about 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16th 1878

Undertaker, John W. Locke

Place of Business, Wolf St

Gust Wilson, M.D.
Medical Attendant.

Address, 18 N. Eighth St.

Joseph Sweet was not attended by any Physician

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 16. 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wheeler

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ——— *Years,* ——— *Months,* 38 hours ~~*Days*~~

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 38 hrs

Place of Death, {Give street and number.} 308 N. Lombard

Cause of Death, {First (Primary,) Protracted Labor

Second (Immediate,) (Peritonitis)

Duration of Last Sickness, 38 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 19

Undertaker, J. H. Groh

Place of Business, 707 W. Balto St

Louis M. Gelsinger M.D.
Medical Attendant.

Address, 307 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG
16
1878
BALTIMORE

Date of Death, April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellie Eugene

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 4 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} 788 W Baltimore St

Cause of Death, First (Primary,) Diptheria -

Second (Immediate,)

Duration of Last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, West Laurel Cemetery

Date of Burial, April 15

Undertaker, L B Cook

Place of Business, 707 West Baltimore St

M C Reynolds M. D.
Medical Attendant.

Address, 12 N Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Meine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 3 Years

Place of Death, {Give street and number.} No 125 Franklin St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Apnoea

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16th

Undertaker, N. Miller

Place of Business, 86 N. Paca St

Charles A Leiger *M. D.*
Medical Attendant.

Address No 267 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2 4 606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Harriet Carruthers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 42 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife of Farmer &c

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} few weeks before death.

Duration of Residence in the City of Baltimore, Came to City for Medical Treatment a

Place of Death, {Give street and number} 21 Watson st

Cause of Death, First, (Primary,) General Debility.

Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Eastville Va

Date of Burial, April 16th

D M Cathell M. D.
Medical Attendant.

Undertaker, Wm S Hughes

Place of Business, 60 E. Baltimore *Address,* 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14/78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. L. Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 9 Barton St.

Cause of Death, First (Primary,) Gastritis

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16 1878

Undertaker, W. Chase

Place of Business, 6 Howard St

H. L. Dean *M. D.*
Medical Attendant.

Address 379 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millie Ann Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Twenty Three *Years,* ___ *Months,* ___ *Days.*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Essex County Va.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} No 4 Stoctons Alley

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Asphyxia

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, April 16 1878

Undertaker, S W Evans

Place of Business, 1 Howard St

J. Ridgely Hammond M. D.
Medical Attendant.

Address N. E. Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phelix Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and number.} 426 Perry st.

Cause of Death, {First (Primary,) ; Second (Immediate,) Whooping Cough

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16. 1878

Undertaker, S. T. Chase

Place of Business, 704 & 716 St

H. H. Keller M. D.
Medical Attendant.

Address 89 N. Greene st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 24610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 13 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bruce Johnson

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 9 Yrs

Place of Death, {Give street and number.} 231 Bower

Cause of Death, {First (Primary,) X Convulsions

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Apr 16 1878

Undertaker,

Place of Business,

J M Jackson M.D.
Medical Attendant.

Address, 324 Bond

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by L A Bell V P

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2411,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} John Shay.

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 1 *Days.*

Color, White. *Sex.* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 33 Park St.

Cause of Death, First (Primary,) Meningitis.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, April 16th 1878

Geo. W. Isaac M. D.
Medical Attendant.

Undertaker, H. M. Gibmeyer *Address* 128 Park av.

Place of Business, 341 Canton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 24612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alonza Gray

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 187 Eastern Av. Primus Tascenteum

Cause of Death, { First (Primary,) ____ Second (Immediate,) ____

Duration of Last Sickness, abt 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16. 1878

{ *Undertaker,* Wm A Dinges
{ *Place of Business,* 12 East St

Geo. L Kummer M. D.
Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24613.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14 & 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Collier

Sex, Male or Female, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 4 Warner St

Cause of Death, First, (Primary,) Intussusception of Small & Stricture of Rectum

Second, (Immediate,) Uraemia

Duration of last Sickness, 8 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, April 16 1878

Undertaker, John I Rodemayer

Place of Business, Cor Fremont Ave & Monument St

L A Bevell M. D.
Medical Attendant.

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* ... *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt°

Duration of Residence in the City of Baltimore, ~~4 years~~ 2 mo

Place of Death, {Give street and number} 87 Moores alley

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 1½ weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetry

Date of Burial, April 16 12

Undertaker, James Brockton

Place of Business, N 202 Rundhill Ave

W. Winslow M. D.
Medical Attendant.

Address, 231 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Walsh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* ... *Months,* ... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labour

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 7 Dover St

Cause of Death, {First (Primary,) Th Thesis. Pulmonalis

Second (Immediate,) ...

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, April 17th

Undertaker, F. N. Toll.

Place of Business, #131 Hanover St.

J. L. Buch M. D.
Medical Attendant.

Address 151 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24616

The Physician who attended any person in *his* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Stanton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 6 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~White~~ Dakota

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 118 Ridgely

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery — Edward J. Mickum M.D.

Date of Burial, April 17th 1878 — Medical Attendant.

Undertaker, Joseph F. Byrne — *Address,* 279 W. Lombard

Place of Business, 59 n Liberty

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marian Sherry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 7 *Years,* *Months,* *Days.*

Color, White *Sex,* ~~Female~~ Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 170 Park Street

Cause of Death, {First (Primary,) Burns

{Second (Immediate,) "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 17th 1878

C B Gamble M. D.
Medical Attendant.

{*Undertaker,* Joseph F Byrne *Address* 108 Cathedral St

{*Place of Business,* 59 S Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Holleran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Clarin, County Galway, Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 64 S. Chapel Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, St Vincent de Paul comety

Date of Burial, 17th April

Undertaker, M. Clark & Sons

Place of Business, 64. E. Balte St.

Chas S. Shue M. D.
Medical Attendant.

Address 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24619

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bondt

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number} 15 Bondst

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) .....

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 17

..... *M. D.*
Medical Attendant.

Undertaker, H. Siffel

Place of Business, 1. Bondst. 15 *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorsie Mysse Beauchamp

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Forty-six *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Somerset Co Md

Duration of Residence in the City of Baltimore, For 9 nine years

Place of Death, {Give street and number.} No 145 W Madison St

Cause of Death, {First (Primary,) Cold, Second (Immediate,) General Debility

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 18-78

Undertaker, C. F. Krause

Place of Business, 209 Hanover St

D L Green M.D.
Medical Attendant.

Address, 87 Madison

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Darling

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Thirty *Years,* one *Months,* nine *Days*

Color, & White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 336 East Monument st

Cause of Death, First (Primary,) Puerperal fever

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, I was informed, about six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 17th 78

Undertaker, Geo Schilling

Place of Business, 12th and Eyuan

Milton A Taylor M.D.
Medical Attendant.

Address, Broadway & McElderry st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charley Owens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 11 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 35. Stockholm St

Cause of Death, {First (Primary,) Second (Immediate,) Croup

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cem Dr D Blake *M. D.*

Date of Burial, April 17th 1878 Medical Attendant.

{Undertaker, Berry Mathews & Co. *Address* 140 Scott St

{Place of Business, 102 Russell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24623.

The Physician who attended an [illegible] out, to the Undertaker or other perso[illegible] sooner, if requested so to do, under penalty [illegible] or

NO PERMIT FOR BURIAL CAN BE OBTAINED WI[illegible] PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Jackson & Wm Brown Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1 Day.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, all its Life

Place of Death, {Give street and number} 20 Wm Eldery St at

Cause of Death {First, (Primary,) Premature Birth

{Second, (Immediate,) "

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, April 17th 1878

Undertaker, Pat. Mullin

Place of Business 67 Combridge St.

" & "

Thos A Lewis M. D.
~~Medical Attendant.~~

Address, Comm of Health
Ex Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by E. Gee Walls M. D.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E. Goetz

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 2 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Cor. Eagle & Aisquith Sts.

Cause of Death, First (Primary,) Cynanche

Second (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Thursday Apr 18

Undertaker, Evan Gallagher

Place of Business, 214 East Eager

R. W. Mumford *M. D.*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace May Stockton

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 5 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 82 Ensidell St.

Cause of Death First, (Primary,) Pneumonitis

Second, (Immediate,) Meningitis

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Tomorrow 3 O'Clock

Undertaker, Chas Mueller

Place of Business, 1021 Harrison St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Linthicum

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery County Md

Duration of Residence in the City of Baltimore, about 7 years

Place of Death, {Give street and number.} 171 N. Hoffman Street Baltimore

Cause of Death, {First (Primary,) Age

{Second (Immediate,) Hemiplegia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D. C

Date of Burial, April 17th 1878

J. J. Mackenzie M. D.
Medical Attendant.

{*Undertaker,* Wm Weaver

{*Place of Business,* No 202 N. Eutaw St (Address)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 7061

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry St. Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 21 *Days.*

Color, Black *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 105 N. Caroline

Cause of Death, First (Primary,) Pseudo-Membranous Laryngitis.

Second (Immediate,)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, April. 17. 1878

J. H. D. Bates M. D.

Medical Attendant

Undertaker, Charles A White

Place of Business, 35. Granby st Address 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoppe

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Sterret st

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 18th 1878.

Undertaker, Philip F. Dice

Place of Business, 183 Columbia ave

A. J. Buddington M.D.

Medical Attendant.

Address, 106 S Paca st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Long

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~64~~ 42 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} unknown

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Baltimore~~ ~~Washington~~ Co Md

Duration of Residence in the City of Baltimore, In Penitentiary since 1874 Convict

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Suicide by hanging } Jury Verdict

Second (Immediate,) while insane

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, April 17 1878

Undertaker, R. McClain

Place of Business, 67 Cambridge St

Edmund Warfield M. D.
Medical Attendant.

Address Commr to P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 24630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 11 PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel D. Richards

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Brush-maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during all his life.

Place of Death, {Give street and number.} No 205 Mulberry St

Cause of Death, {First (Primary,) ....} {Second (Immediate,) Old age and debility for several years

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, April 18th /78

{*Undertaker,* Wm Leonard & Sons
Place of Business, W. Baltimore St 182

Edward J. Chaisty *M. D.*
Medical Attendant.

Address 158 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 9 P.M 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Debia Gibson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Eight 80 *Years,* *Months,* *Days.*

Color, Light-Brown *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Kent Co -

Duration of Residence in the City of Baltimore, Forty-five [45] years

Place of Death, {Give street and number.} 52 Davis St

Cause of Death, First (Primary,) Cardiac Dilatation

Second (Immediate,) Pulmonary Edema

Duration of Last Sickness, Three [3] months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 18th 1878

Undertaker, Wm L Gray

Place of Business, 65 Mulberry St

N. G. Keirle M. D.
Medical Attendant.

Visiting Phys - Balto Female Dis

Address N.E. cor of North & Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Fisher

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 3 years 6 months

Place of Death, {Give street and number.} 66 Little Monument St

Cause of Death, First (Primary,)

Second (Immediate,) Croup (Spasmodic)

Duration of Last Sickness, 4 days - (one visit)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17th

Undertaker, Jabez Brackston

Place of Business, 20 Druid Hill Ave

J. A. Gilliss M.D.
Medical Attendant.

Address, 150 N. Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24133,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Bellman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 57 Cambridge St

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, all ds Life Thurs or Last

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, April 17th 1878

James A Steuart M. D.

~~Medical Attendant.~~

Undertaker, H. Fovelulich

Place of Business, 246 Eastern Av *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by D. F. McSherry M.D.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apl. 17, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Adolph Augustine

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Sixty Six *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brewer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Switzerland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East Baltimore,

Cause of Death, {First (Primary,) Drowning, / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 18 April 1878

Undertaker, John C. Stuck

Place of Business, 265 Aisquith

D. C. Boland M.D.

Medical Attendant.

Address, Corner E. Pratt,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cornick

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Caulker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 6 or 7 yrs.

Place of Death, {Give street and number.} No 1 Warren court

Cause of Death, First (Primary,) .....

Second (Immediate,) Apoplexy

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18th 1878

Undertaker, Theodore Cooke

Place of Business, 36 Jefferson st

R. H. Morrison M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna G. Schelling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 37 Yrs

Place of Death, {Give street and number.} 500 Hanford Ave

Cause of Death, {First (Primary,) Cancer of Uterus

Second (Immediate,)

Duration of Last Sickness, 1 Yr 8 —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 18th

Undertaker, Geo. Schelling

Place of Business, Cor. Aisquith & Monument Sts

Silas N. Hunter M.D.
Medical Attendant.

Address 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Sanders

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 2 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {~~Cross out~~ the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 147 Mc Culloh st

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Diphtheritic Croup}

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Apr 18 1878

Undertaker, Thos. S. Hughes

Place of Business, 238 Madison Ave

H. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Bennett

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* Seven *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hall's Cross Cemetery

Date of Burial, April 17th 1878

M. D.
Medical Attendant.

{ *Undertaker,* Theodore Locke
{ *Place of Business,* 56 Jefferson st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Owens

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Six *Years,* Nine *Months,* Nine *Days*

Color, ~~red~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Low 21 No 35

Cause of Death, {First (Primary,) } {Second (Immediate,) Scrofulus Cachexia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetry

Date of Burial, April 19th 1878

Undertaker, Wm L Dunn

Place of Business, No 62 East St

E C Baldwin M.D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Cluny.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, about 50 *Years,* — *Months,* —. *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Lemmon St near Mount St

Cause of Death, {First (Primary,) Pthisis Pulmonalis

Second (Immediate,) —

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 18th 1878

A. K. Easton M. D.
Medical Attendant.

Undertaker, P. Kummert

Place of Business, Mulberry St

Address 543. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 43 S. Durham Street

Cause of Death, {First (Primary,) Pneumonia} {Second (Immediate,) Convulsions}

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, April 19th '78

Undertaker, N. Frame

Place of Business, 280 Eastern Ave

James D. McShane M. D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Margaret~~ Ann Grant

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 60 *Years,* ~~~ *Months,* ~~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 84 York st

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery.

Date of Burial, April 19th

Undertaker, T. N. Troll

Place of Business, # 131 Hanover St.

H W Nebelung M.D.
Medical Attendant.

Address, 57 Bond st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Ellen Wilson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton Co E. Shore Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 67 Franklin St

Cause of Death, {First (Primary,) / Second (Immediate,)} Age / Gastric Inflammation

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill. Georgetown Heights. Conn. D.C.

Date of Burial, April 19th 1878

I S Mackenzie M. D.
Medical Attendant.

Undertaker, R. Remmisson

Place of Business, No 92 N. Howard *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1062

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. A. Kilpatrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give street and number.} 102 Ramsay St

Cause of Death, {First (Primary,) Congestion of Brain
Second (Immediate,) Apnea

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, April 19

A. A. C. Mears M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Baltimore Address 369 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Rebecca Dorsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Nineteen years

Place of Death, {Give street and number.} Blind Jenny's Court

Cause of Death, First (Primary) Valvular disease of the heart

Second (Immediate) Dropsy from Anasarca

Duration of Last Sickness 6 days.

All the above information should be furnished in every instance.

Place of Burial, Green Mount Robt. H. Myddleton M. D.

Date of Burial, April 20 1878 Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 19 S. Howard St. Address 25 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel Milligan

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 16 *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Clinton St- Balt Co (Balt)

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} Bennett St S of Hudson

Cause of Death, First (Primary,) Congenital Malformation of the Glotis

Second (Immediate,) Congestive Inflamation of the Glotis

Duration of Last Sickness, Ben an invelade 4 month, 4 days since the inflmation

All the above information should be furnished by the Physician.

Place of Burial, Dallas St- County

Date of Burial, April 18th 1878

Undertaker, Thos W. F. Lurks

Place of Business, 36 Jefferson St

J E Richards M. D.
Medical Attendant.

Address, 68 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anna Miller

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 33 *Years,* 8 *Months,* 13 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} married

Occupation, No.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 27 yrs Years

Place of Death, {Give street and number.} 369 Saratoga

Cause of Death, First (Primary,) Phthisis (Pulmonary)

Second (Immediate,)

Duration of Last Sickness, about 2 yrs 1 "

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 19th April 1878

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

E. Wheeler M.D.
Medical Attendant.

Address, 108 Paca
Balto.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lee Merle Dillert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 24 Months, 6. 2 Days.

Color, Sex, Wad

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Shear Machine

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lot # 1 119

Cause of Death, First (Primary,) Pulmon. Consumption

Second (Immediate,) Dyspepsia Expectoration

Duration of Last Sickness, Bond St. # 75.

All the above information should be furnished by the Physician. Dr Martin Zeh

Place of Burial, Baltimore Cemty.

Date of Burial, April 19th 1878.

M. D.

Medical Attendant.

Undertaker, H. Hofmann

Place of Business, # 23 N. Eden St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Chandler

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, thirty five *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Accomac Virginia

Duration of Residence in the City of Baltimore, Six Years

Place of Death, { Give street and number. } No 306 Montgomery St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hemorrhage

Duration of Last Sickness, All day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, April 19

Undertaker, Hercules Ross

Place of Business, 95 Conway St

F. L. Dyer *M. D.*
Medical Attendant.

Address, No 46 Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Estel Haynes

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 22 N. Gilmor

Cause of Death, {First, (Primary.) Meningitis

Second, (Immediate,)

Duration of last Sickness, About two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19

Undertaker, S B Cook

Place of Business, 707 W. Baltimore *Address,* 582 W Hayward

W R McAtee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apl 17th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Flaherty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Cor. Bank & Chester

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, April 18. 1878

Undertaker, M. A. Daigen

Place of Business, 94 S. Broadway

John F. McSherry M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Christened Charles & Rosa Griffin Parents

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 248 West St.

Cause of Death {First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, the child was only a few months baby

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 19th 1878 R. M. Hall M. D.
Medical Attendant.

Undertaker, Charles Koehler

Place of Business, Sharp & Crop *Address,* 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24453,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Estelle Longley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 11 y 18 m

Place of Death, {Give street and number.} 98 Paige st (Boyd St)

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)}

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, County C.

Date of Burial, April 19, 1878

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Bath st

Saml Eberhart M. D.

Medical Attendant.

Address 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lutz

Sex, Male or Female, {Cross out the words not required in this line.}

Age, *Years,* 5, *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Federal St near Gay Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Federal St near Gay

Cause of Death, {First (Primary,) Second (Immediate,)} Septic Pneumonia

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 20th 78

Undertaker, Geo Schilling

Place of Business, Ashland Square

Wm Wagner M.D.
Medical Attendant.

Address. 18 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Coleman

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Three *Years,* *Months,* Eight *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 511 McElderry St.

Cause of Death { First, (Primary,) Hydrocephalus, Second, (Immediate,) Five Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19

Undertaker, Theo Locke

Place of Business, 50 Jefferson St

Wm H Clendinen, M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hadwin E. Helene

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 87 *Years,* 9 *Months,* 23 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3. Months

Place of Death, {Give street and number.} 103 Chestnut St

Cause of Death, First (Primary,) Remittent Fever

Second (Immediate,) Syncope

Duration of Last Sickness, 7. days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 19th /78

Undertaker, Jos Schilling

Place of Business, Ashland-Lyman

E Hall Lull M. D.
Medical Attendant.

Address 151 Pesquite St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24857.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis John Haselberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 8 *Months,* 23 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Student of Theology

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 107 West St. Baltimore

Cause of Death, First (Primary,) Catarrhal Phthisis

Second (Immediate,) Pneumonia

Duration of Last Sickness, he was seen by me from 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus S. L. Chew M. D.

Date of Burial, April 20 1878 Medical Attendant.

Undertaker, B. Keale Address 141 Lamard St,

Place of Business, Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie E Claggett

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 18 *Days.*

Color, black

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} /

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 157 E Lombard St

Cause of Death { First, (Primary,) Diphtheria
, Second, (Immediate,) "

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 19 1878 C. W. Miller ~~M. D.~~

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Broadway *Address,* 171 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th to April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Elizabeth Ryan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 170 N Holliday

Cause of Death, {First (Primary,) Second (Immediate,)} Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery *Date of Burial,* April 19th 1878

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, James, P. Byrne

Place of Business, No 63 ~~Fit~~ Front St *Address* 432 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Days.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, Sex,

Color,

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, { First (Primary,) / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business, Address

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Adam Kelber

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Fifty two *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 2311 South Dallas St.

Cause of Death, First (Primary,) Pistol Shot wound of brain. (Suicide)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 21 April 1878

Undertaker, John C. Smith

Place of Business, 165 Aliceanna

D. C. Ireland, M. D.
Medical Attendant.

Address, Coroner E. Fisk

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24662,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Grason Smith

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* Sixteen *Months,* Six *Days*

Color, White

~~*Married*~~ *Single,* ~~*Widow or Widower*~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 44 Mc Elderry St

Cause of Death, {First (Primary,) Meningitis / Second (Immediate,) Effusion of the brain (within)

Duration of Last Sickness, About three months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20th 1878

Undertaker, C. Runkle

Place of Business, 60 N Park St

Milton ct. Taylor M. D.
Medical Attendant.

Address, McElderry & Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24663,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday April 16th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abby Simmons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} # 152 Stony St. (North)

Cause of Death, First (Primary,) Neuralgia of Stomach & Pleurisy

Second (Immediate,) Exhaustion

Duration of Last Sickness, 25 days.

All the above information should be furnished by the Physician

Place of Burial, Dallas St Burial Ground

Date of Burial, April 18.

Undertaker, John N. Jacobs

Place of Business, No. 5 Wolf St.

Wilmer Bunting M. D.
Medical Attendant.

Address 25 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24164

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Percy Sanders

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ——— — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 147 Mc Culloh st

Cause of Death, {First (Primary,)} Diphtheria

{Second (Immediate,)} " Croup

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 20th

Undertaker, Thos L Hughes

Place of Business, 60 E Balto

E. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William C. Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years.* Seven *Months.* Eleven *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 44 Myrtle avenue Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 44 Myrtle Avenue

Cause of Death, {First (Primary,) Hereditary
{Second (Immediate,) Tubercular Meningetis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 20th 1878

{*Undertaker,* Hy H. Mears
{*Place of Business,* 45 N Gay St

Silas Baldwin M. D.
Medical Attendant.

Address 150 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Turbutt Murdoch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 7 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 199 Park Avenue

Cause of Death, First (Primary,) Malignant Sore Throat

Second (Immediate,) Blood Poisoning

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 20th

H. D. Murdoch M. D.
Medical Attendant.

Undertaker, C. W. Spence

Place of Business, 206 Broadway *Address* 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April. 18. '78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Johns Boon

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 0 *Years,* 10 *Months,* 0 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 0 /

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland)

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, {Give street and number.} No. Lee St.

Cause of Death, First (Primary,) Acute Bronchitis —

Second (Immediate,) Collapse of Lung & Exhaustion

Duration of Last Sickness, Two months (?)

All the above information should be furnished by the Physician.

Place of Burial, Chapel St Cemetery

Date of Burial, April 19/78

Undertaker, Jacob Davis

Place of Business, 103 Lee St

B. F. Stone — *M. D.*

Medical Attendant,

Assistant Maryland Hospital

Address 148 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Faul

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 45 *Years,* 3 *Months,* 24 *Days*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 20 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 14 Watson Str.

Cause of Death, {First (Primary,) Phthisis pulm —
Second (Immediate,) Granulation

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Apr. 20. 1878.

Undertaker, L D Rossing

Place of Business, 136 E. Lafayette

L Gutmann M.D.
Medical Attendant.

Address, 137 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 18. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dirk Dumbrooks.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Four *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Fort And. St.

Cause of Death, {First (Primary,) Drowning. Second (Immediate,)}

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, 19 April 1878

Undertaker, Chas. C. Yeast

Place of Business, 265 Pratt

W. C. Ireland M. D.
Medical Attendant.

Address, Corner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24678 11, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apl 6. 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Gearish

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Eight — *Years,* Six — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 8 yrs & 6 mos.

Place of Death, {Give street and number.} 45 Fountain St.

Cause of Death, {First (Primary,) Drowning. Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Methodist ground

Date of Burial, April 20th 1878

{*Undertaker,* C. Eckhart
Place of Business, 269 Canton Av

W. C. Boland M.D.
Medical Attendant.

Address, Coroner E. Wish

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine ~~Dixon~~ Dixon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant 352

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} On Street Franklin near Charles Res 62 Richmond St

Cause of Death, {First (Primary,)} Valvular Disease of heart

{Second (Immediate,)} Sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, April 20th 1878

Undertaker, Wm J Gray

Place of Business, 63 Medley St

Edmund R Walker M. D.
Medical Attendant.

Address Comms M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella P. Baylis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Co. Va.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 56 Parker St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis (Hereditary)

Second (Immediate,)

Duration of Last Sickness, 3 years — (4 months — Immediate cause —)

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. H. H. Saxton M. D.

Medical Attendant.

Date of Burial, April 20 1878

Undertaker, P. Kennedy

Place of Business, Mulberry *Address* 543 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 24673

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 19 BALTIMORE

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward William Krause

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 10 *Months,* 19 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Paralysis, Apoplexy

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Lombai

Date of Burial, 21 Apr. 16.

Undertaker, John Hennig.

Place of Business, 356 Orleans St.

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24674

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended a person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. F. Fahey.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 3. *Years,* 9. *Months,* 8. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore by Municipality

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 9. Goodyear.

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, 11. days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 20th 1878

{*Undertaker,* Jas F Byrne / *Place of Business,* 59 & Liberty}

G. H. Jones M. D.
Medical Attendant.

Address Cor Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben Gintard

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 12 *Years,* 4 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Nr 24 McCulloh St

Cause of Death, {First (Primary,) Acute Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20 - 1878

{*Undertaker,* [illegible]

Place of Business, 335 N. Eutaw

Wm. E. Howell *M. D.*
Medical Attendant.

Address, 1 Broadway
Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Dickman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 2 ~~Months~~ 1 Month

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 Columbia Ave

Cause of Death, {First (Primary,) ... Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 21st 1878

Geo. W. Benson M.D.
Medical Attendant.

Undertaker, Charles Fickrodt

Place of Business, 16 Hanover Street

Address 16 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Barthelme

~~Sex~~, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ... *Months,* 6 *Days*

Color, wh.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 N. Caroline

Cause of Death, {First (Primary,) Trismus / Second (Immediate,) Paralysis

Duration of Last Sickness, 1 da

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery Western

Date of Burial, Apr 20/78

Undertaker, J. J. Rooney

Place of Business 136 E. Eager St

F. Mathieu M.D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter S. Brown

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 1 *Years,* 6 *Months,* *Days.*

Color, C. *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} Trotten's Ct.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Farrel cemetary

Date of Burial, April 20. 1878

Undertaker, Charles A White

Place of Business, 35 Granby St

H. T. Reynolds M. D.
Medical Attendant.

Address Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard, Dale Banks

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 2 *Years,* 9 *Months,* *Days*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No. 272 McDonough st

Cause of Death, { First (Primary,) Pertussis / Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Osborn, Evergreen

Date of Burial, April 20 1878

Undertaker, Wm A Sarge

Place of Business, No 62 East st

Wm. Le Plaud M.D.
Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Henry Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty Two *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Manchester Jamaica

Duration of Residence in the City of Baltimore, Five (5) Years

Place of Death, {Give street and number.} 42 & 44 Stockholm St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, April 21 1878

Undertaker, Chas. Mathews

Place of Business, 42 Stockholm St *Address* 40 South St

Jno. D. Slade M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony J. Miller

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Twenty two (22) *Years,* Ten (10) *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Upholsterer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 116 Virginia Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion Collapsus.

Duration of Last Sickness, Nine (9) months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C[h]

Date of Burial, April 21 1878

Undertaker, Henry Hook

Place of Business, 30 Central Ave

J M Scriven M.D.
Medical Attendant.

Address, Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Harris

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Labrer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Forest 21 No 58

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Diarhaet Cholet

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 20th 1878

Undertaker, Theodore Hocks

Place of Business, 56 Jefferson

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24183.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Kinnamon

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 4 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 346 E Balto. St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 3 years - last attendance 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Talbot Co. Md. Dr C Benzing M. D.
Medical Attendant.

Date of Burial, April 21st 1878

{*Undertaker,* M. A. Dager Address Cor Broadway & Baltic
{*Place of Business,* 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1063

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. P. Baldwin.

Sex, Male ~~or Female~~, {Cross on the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} 140 Hoffman St.

Cause of Death, {First (Primary,) Rheumatic Pericarditis.
Second (Immediate,) Hypertrophy - General Dropsy.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Ft Mansfield

Date of Burial, April 21st /78

R. Ho. Goldsmith M. D.
Medical Attendant.

Undertaker, W. C. Shumaker

Place of Business, 16 Merritt St. *Address* 106 Hanover Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 18th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Insley Mitchell

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 141 York St.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Ship St

Date of Burial, April 20 11

Undertaker, Charles Ross

Place of Business, 76 Conway

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 20 1878 BALTIMORE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, Apr. 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Mitchell

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 141 York st.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, April 20 - 1

Undertaker, Herculus Ross

Place of Business, 95 Conway St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bernard Wilson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 11 *Years,* 8 *Months,* 15 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Westminster, Carroll Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 8 Bolton Alley

Cause of Death, First (Primary,) Cer Spinal Meningitis

Second (Immediate,) Paralysis

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, West Minster Md

Date of Burial, Apl 21

Undertaker, J E Hough

Place of Business, 319½ Penn ave

A. C. Lee M.D.
Medical Attendant.

Address, 154 Penn Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Frame A 1065

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24688

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

Date of Death, Apr 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Carron

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 37 Yrs

Place of Death, {Give street and number.} 11 Nebraska Alley

Cause of Death, {First (Primary,) Consumption of Lungs

Second (Immediate,) General Unasarca

Duration of Last Sickness, 2 Mos

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 21st 1878

{*Undertaker,* James O Byrne

Place of Business, No 63 N Front St

Silas N. Hunter M. D.
Medical Attendant.

Address 97 Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Same April 19th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Borroughs

Sex, ~~*Male or Female.*~~ {Cross out the words not required in this line.} Male

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} District Columbia

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 19 Clinton Av.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D.C.

Date of Burial, April 21st 1878

Undertaker, Wm A Byrne

Place of Business, 89 n Liberty St

Louis C. Stone M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1066

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24690 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Bons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 333 Light " Balto

Cause of Death, First (Primary,) ...

Second (Immediate,) Congestion Brain

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Hampton Balto Co

Date of Burial, April 21st 1878

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

C. H. Patterson *M. D.*
Medical Attendant.

Address 23 Bowly

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sinclair

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 6 Yrs.

Place of Death, {Give street and number.} N.E. Cor Pratt & Schroeder

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) four weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 21st 1878

Undertaker, John Slacher

Place of Business, No 150 Camden

A L Shiver *M. D.*
Medical Attendant.

Address 379 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24692

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* about ~~Months,~~ 3 Weeks ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore,~~ Home 10 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 22. 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 24693

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* about 6 ~~Months,~~ week ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore,~~ House 3 weeks

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) ____

Duration of last Sickness, ~~from~~ when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 22. 1878

Undertaker, Saml Bowen

Place of Business, 156 Division St.

Mabury Brewer M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry S. Mallis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 34 *Years,* 8 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 22 years of life

Place of Death, {Give street and number.} 232 Canton avenue

Cause of Death, First (Primary,) Acute Nephritis

Second (Immediate.) Uraemia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 22nd 1878 2 P.M.

D. Gilchrist M. D.
Medical Attendant.

Undertaker, Henry Saunders

Place of Business, 252 Canton ave Address 47 Edmondson ave East of Fremont st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th Apil 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Friedrich Christian A. Krumm

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Ship Joiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 38 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 373 Fayette St. Cor. Wolf.

Cause of Death, {First (Primary,) Occlusion of Bile Duct by Calculous

Second (Immediate,) Icterinia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22d Apil 78

{*Undertaker,* Henry Sandoe

{*Place of Business,* 252 Canton ave Balto. Md

201 Hanover St

A. W. Dodge M. D.
Medical Attendant.

D. McCaffrey M D

Address 218 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Post Mortem Examination April 20th Confirmed Diagnosis Catlett & Dodge

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Steinberg

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} Charles & Hill sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Umbilical Hernia Strangulation

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Randall's Roman Catholic Cemetery Belair Road

Date of Burial, April 21st 1878 Theodore Cook M. D.

Medical Attendant.

Undertaker, Wm Eclance

Place of Business, — *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Hill

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days.*

Color, Colored *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Little Monument st—

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. Frank W. Gunnell M. D.

Date of Burial, April 21st 1878 Medical Attendant.

Undertaker, C. H. Blizzard *Address* 187 Saratoga st

Place of Business, Penna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 19 1878

CERTIFICATE OF DEATH.

Date of Death, Apr. 19 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Herbert

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 166 York st.

Cause of Death { First, (Primary,) Tubercular Meningitis
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21 1878

Undertaker, S. H. Chase

Place of Business, 54 Howard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE MUTH PRINTING & BOOK MFG. CO. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1871

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible] 2 Years

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, [illegible]

Birthplace, {State or country (and how long in United States, if of foreign birth.)} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} Residence 315 Wilk Corner

Cause of Death, {First (Primary,) [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, April 22 1871

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

K SAFETY FILM CO.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT PR... 1878 BALTIMORE

Date of Death, Apr 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Gibbins

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 19 *Years,* — *Months,* 5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number.} 85 E. Hall St,

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) 2 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 22/78

{*Undertaker,* S. M. Chase

Place of Business, 8 Howard St

P. C. Lee M. D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 23 1878

CERTIFICATE OF DEATH.

Date of Death, April 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Windus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventy-two *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, {Give street and number.} 293 Stiles st.

Cause of Death, {First (Primary,) Chronic Bronchitis
Second (Immediate,) about a year.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, the 22 April 1878

Undertaker, Ph. P. Dill

Place of Business, 183 Columbia ave.

De Lancy H. Sorrell M. D.
Medical Attendant.

Address 247 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1878 Mary Rebecka Hayes

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebecka Hayes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 11 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} 14 Bayer st

Stevens

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, April 21. 1878

Undertaker, Wilson & Dyer

Place of Business, 10 Hoden Alley

Sick Carteliss M. D.

Medical Attendant.

Address 582 W Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *truly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Serina Lewis

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Twenty One *Years,* —— *Months,* —— *Days*

Color, Dark Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, ~~Since Months~~ 21 Years

Place of Death, {Give street and number.} 82 Little Mc Elderry St

Cause of Death, First (Primary,) Consumption

Second (Immediate.) 5 Months

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22nd

Undertaker, Wm Dungeen, M. D.

Place of Business, Address. East St Between Fayette and Lexington St

Medical Attendant.

Thos B. Cleary M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 - 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Dully.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one *Years,* Ten *Months,* ~~~~ *Days.*

Color, Colored - *Sex,* Male -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md -

Duration of Residence in the City of Baltimore, Since birth -

Place of Death, {Give street and number.} 1 Norris Al.

Cause of Death, First (Primary,) Remittent fever -

Second (Immediate,) Asthenia -

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21, 1878

Undertaker, William A. Langer

Place of Business, 16 Hollen Alley

John F. King M. D.
Medical Attendant.

Address 76 Edmondson Ave City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 21 1878

CERTIFICATE OF DEATH.

Date of Death, April 20th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Twigg Stork

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 18 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 374 N Durham St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 22nd 1878

Undertaker, Wm H. Hickman

Place of Business, 234 N Gay St. *Address*

E J Way M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 27 1878

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Very Rev. Joseph Paul Dubreul S.S.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 5 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Catholic Priest V.V.V.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St. Etienne France

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} Seminary St Mulberry

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Double Pneumonia

Duration of Last Sickness, One week —

All the above information should be furnished by the Physician.

Place of Burial, Cemetery at Seminary

Date of Burial, 29 April 1878

Undertaker, H.W. Dutkins & Son

Place of Business, 16 Eight St

W. C. Van Bibber M. D.
Per J. H. B. Jr. N.
Medical Attendant.

Address 44 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} William Edward Sunderland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 103 S. Duncan Alley

Cause of Death, First (Primary.) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. & Phil. Road

Date of Burial, April 23, 1898

Undertaker, M. A. Daye

Place of Business, 74 S. Broadway

James J. McShane M.D.
Medical Attendant.

Address 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1878.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Gertrude Crowson

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 29 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 82 S. Bond

Cause of Death, { First (Primary,) } Ty Phoid Fever

{ Second (Immediate,) } Pneumonia

Duration of Last Sickness, Two (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, April 23, 1878

Undertaker, M. A. Daige

Place of Business, 74 S. Broadway

E. A. Hitch M.D.
Medical Attendant.

Address, 82 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18. April. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Mayhranz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 504 N. Fremont St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Extension to Larynx

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 20

Undertaker, E. H. Blizzard

Place of Business, 201 Penna Ave

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chester May Kranz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 504 N Bennett St.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Blood poison

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 21

Undertaker, C H Blizzard

Place of Business, 201 Pen Av

Chauncey Brown M.D.
Medical Attendant.

Address 701 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th '78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann Rea Scott.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} North Carolina

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 71 E. Biddle St.

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, April 22nd

Undertaker, Geo. Schilling

Place of Business, Ashland Square

H. H. Keller M. D.

Medical Attendant.

Address 89 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24714

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. Barker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} 1 Albany Ave

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 23rd

Undertaker, Leach

Place of Business, No 3 E Balt St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24713,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie & Charles Schaffer

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 163 N. Caroline St

Cause of Death {First, (Primary,)

{Second, (Immediate,)} Convulsions

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 22 1878

Undertaker, Ferd Schaffer

Place of Business, Olives St

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. E. Lee Walls P.V.

No. 24714

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winfield W. Webb

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 6 *Years,* 4 *Months,* 25 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 255 Saratoga

Cause of Death, First, (Primary,) ~~Exemplatus~~ Enteric Fever

Second, (Immediate,) Nervous exhaustion

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 23d April

Undertaker, D Kennedy

Place of Business, 317 Mulberry St

W. F. Kemp M. D.
Medical Attendant.

Address, 223 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Piquett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* + *Months,* + *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship-Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number.} No 502 W. Pratt St.

Cause of Death, First (Primary,) ..... Second (Immediate,) Pneumonia

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Apr. 23/78

Undertaker L. P. Bruce

Place of Business, 63 Fremont

H. L. Shear M. D.
Medical Attendant.

Address 379 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Bowyer

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wheelwright

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 315 Constitution

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) One year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, April 22nd 1898.

{*Undertaker,* Wm. H. Wickham

Place of Business, 234 N. Gay St.

Jno. Birkby Boyle M.D.
Medical Attendant.

Address, 166 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2717

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Myers.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 48 Lee St.

Cause of Death {First, (Primary,) Second, (Immediate,)} Pneumonia

Duration of last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Dundas Park

Date of Burial, April 23

Undertaker, Mr. Silver

Place of Business,

R. J. N. Tall M. D.
Medical Attendant.

Address, 15-2 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Wm Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} "

Age, ~~Years~~, 7 *Months,* ~~Days.~~

Color, ~~Mulatto~~ *Sex,* Boy

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

~~Occupation~~, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} 399 Cathedral St Baltimore

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April the 22. 1878.

E Evans — *M. D.*
Medical Attendant.

Undertaker, Wm P. Gray

Place of Business, 465 Milbury *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Anderson Nicols

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 355 Franklin St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Suicide

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 22nd 1878

Undertaker, I B Cook

Place of Business, No 717 W Baltimore Street

J. H. C. Eddy — M. D.
Medical Attendant.

Address 383 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William C. Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Sixty Nine *Years,* Six *Months,* Ten *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Sixty nine years

Place of Death, {Give street and number.} Park Street No 81

Cause of Death, {First (Primary,) Congestion of the Lungs
Second (Immediate,)

Duration of Last Sickness, 6th days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 23d April 1878

Undertaker, H. W. Lewis & Son *Address*

Place of Business, 10 Light St

J. Robt. Ward, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Franz,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 11 *Months,* 24 *Days.*

Color, White

~~Married, Single, Widow~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

~~*Birthplace,*~~ {State or country (and how long in the United States, if of foreign birth.)} Hesse Darmstadt

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 322 Aisquith St.

Cause of Death, {First (Primary.) old age. Second (Immediate,) Asthenia.

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 23d 1878

{*Undertaker,* Adam Fink

Place of Business, 461 North Gay St

George H. Kohl, M. D.
Medical Attendant.

Address 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rosa Hebb

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 34 *Years,* 4 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Boot Upper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 9 S. Exeter St.

Cause of Death, First (Primary,) Erysipelas of Face and Neck

Second (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, Seventeen (17) days

All the above information should be furnished by the Physician.

Place of Burial, Mt E B G Pikes Road

Date of Burial, April 23 / 78

Undertaker, Fry & Son

Place of Business, 154 N Broadway

C. L. Hill, Jr. M.D.
Medical Attendant.

Address, 141 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24723.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

Date of Death, April - 22. 1878 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Green

Sex, Male or Female, {Cross out the words not required in this line.} female -

Age, two *Years,* eight *Months,* 0 - *Days*

Color, yellow -

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth -

Place of Death, {Give street and number.} 202 Hamburg St -

Cause of Death, First (Primary,) Renal affection + Anasarca

Second (Immediate,) Dont Know for have not seen the child for several days -

Duration of Last Sickness, about 4 mos -

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, April 23 1878

Undertaker, L. L. Gourdel

Place of Business, 197 Barre St

B. F. Grove. M.D.

Dispensary - Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th April 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Whitington

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, d

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cambridge Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} Saren's Al 12

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, In bed two months

All the above Information should be furnished by the Physician.

Place of Burial, Fairview Point MD

Date of Burial, April 20 1878

Undertaker, Perrin & Gosden

Place of Business, 63 Park Ave

Jno. S. Ney *M. D.*
Medical Attendant.

Address Balto Gen Disp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard M. Barnett

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Nr 223 S. Bacon

Cause of Death, {First (Primary,) ..... Second (Immediate,) Convulsions

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Peters Cem

Date of Burial, April 24th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

Pembroke M. Hewlett M.D.
Medical Attendant

Address, Nr 203 N. Central Av

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apl. 20th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. H. Robert

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 2 *Years,* *Months,* *Days.*

Color, C *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 68 E Bethel St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Bethel St Cemetery A. T. Remold M. D.

Date of Burial, April 23d 1878 Medical Attendant.

Undertaker, Thos. J. Locks

Place of Business, Jefferson St Address Eastern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Kate Burke.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty One *Years,* — *Months,* — *Days.*

Color, White *Sex,* — —

~~*Married,*~~ *Single,* ~~*Widowed,*~~ ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 464 Penna Avenue Balto Md

Cause of Death, {First (Primary,) / Second (Immediate,)} Puerperal convulsions Twenty four hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 23d 1878

{*Undertaker,* / *Place of Business,*} J. B. Cook Balt St

E. H. Reid, M. D.
Medical Attendant.

Address 243 N. Fremont St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24728

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John F Hearing

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~Late Police of Balto~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and number } 7 Lederer Hall Sh

Cause of Death, First, (Primary,) Softening of the Brain

Second, (Immediate,)

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Apr 24th 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover st *Address,* 146 Hanover St

Thos Cox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 24729

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Murphy

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 39 Creek Alley

Cause of Death, First, (Primary,) Invagination of bowels

Second, (Immediate,) Peritonitis

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Apr 23rd 1878

Undertaker, C. F. Krause

Place of Business, 209 Hanover

J. J. Zitzer M. D.
Medical Attendant.
Per J

Address, 81 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Price

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 15 *Years,* 2 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 310 Canton Avenue

Cause of Death, First (Primary,) Chlorosis

Second (Immediate,) Asthenia

Duration of Last Sickness, Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, April 24th 1878

Jno. S. Lynch M. D.
Medical Attendant.

{*Undertaker,* W B Cook
Place of Business, No 707 W Baltimore Street} *Address* No 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annabella Knight

Sex. Male or Female, {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Harford Co. Md

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 47 Pitt St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Abingdon Harford Co Md

Date of Burial, Apr 24 1878

Undertaker. Thos. L. Hughes

Place of Business, 60 E. Balto St.

D. M. Hanshet M. D.

Medical Attendant.

Address, 117 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 1068

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Steinbach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* three *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~ Living Life

Place of Death, {Give street and number.} 176 West St

Cause of Death, {First (Primary,) Pneumonia Croup

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 24th

{*Undertaker,* Henry Boile

{*Place of Business,* Henrietta St 81

Chas. Stiffler M. D.
Medical Attendant.

Address 175 West Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24733,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina Schmaltz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 N. Charles

Cause of Death, First (Primary,) Eclampsia Puerperal.

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 25th April

Undertaker, John Schultheis

Place of Business, 159½ Northern Av

A. M. Sachs M. D.

Medical Attendant.

Address 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Worthington Johnson & Mary D. Johnson

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, (3 hours) ~~Years~~, ~~Months~~, ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of ~~Residence~~ in the City of Baltimore,

Place of Death, {Give street and number.} 45 Parkin St

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth (6½ Months)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Co. Md

Date of Burial, April 24th 1878

Undertaker, Worthington Johnson

Place of Business, 45 Parkin St

A. G. Fox M.D.
Medical Attendant.

Address, 154 Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tilly Tartar

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, *Years,* 6 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Nation

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Wilmon Court

Cause of Death, {First (Primary.) Rubrola

{Second (Immediate.) Unknown

Duration of Last Sickness, Very Short while

All the above information should be furnished by the Physician.

Place of Burial, Shap. St Cem

Date of Burial, Apl 23 1878

Undertaker, Gilbert Geo

Place of Business, 11 E Pratt

W W Antim M.D.
Medical Attendant.

Address, 192 Pratt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1878. 12 o'clock Noon.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levina E Dandridge

~~Sex, Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Twenty four *Years,* *Months,* *Days*

Color, light-brown

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Cook wash & Iron -

Birthplace, {State or country (and how long in United States, if of foreign birth.)} King and Queen Co. Virginia

Duration of Residence in the City of Baltimore, Six Years -

Place of Death, {Give street and number.} No 28 Vincent St.

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) 2 months -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 23

Undertaker, James Brockston

Place of Business, 1020 Druid Hill Ave

Dr. H Strahan

Medical Attendant.

Address, 690. Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Young

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 Chestnut Ct.

Cause of Death, First (Primary,) Cardiac Dropsy

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetry

Date of Burial, April 24

Undertaker, James Brackston

Place of Business, 120 Druidhill Ave

J. Zeph M. D.
Medical Attendant.

Address 93 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24738

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Gustaves

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 40 Harrison corner Re

Cause of Death First, (Primary,) Decutitis

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 24th 1878

Undertaker, Hughes & Co

Place of Business, 856 Fayette St.

G. Glanville Keirle M. D.
Medical Attendant.

Address, Balt. & Mach. Rs.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...LANY & CO. CITY PRINTERS AND STATIONERS.

No. 24738

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24739.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhemina Koehnlein.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 29 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and if ~~out~~ long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 21 Conway St.

Cause of Death { First, (Primary.) Convulsions
Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, 24th April

{ *Undertaker,* E. Hiker
{ *Place of Business,* 231 Henrietta St

R. J. N. Tall *M. D.*
Medical Attendant.

Address, 152 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 247468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrich Berge

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 26 *Years,* 4 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (4 years)

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} No 10 Stockholm

Cause of Death, {First (Primary,) / Second (Immediate,)} Jaundice Malaria

Duration of Last Sickness, 2 Month, 24 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker, John Bickle

Place of Business, Henrietta St

C. L. Buddenbohn *M. D.*
Medical Attendant.

Address, 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Keil

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

~~Duration of Residence in the City of Baltimore~~, 29 yr

Place of Death, {Give street and number.} 108 Hughes st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 22d 1878

Undertaker, Charles F Herold

Place of Business, 61 Hanover Street

H. W. Webster M.D.
Medical Attendant.

Address, 57 Bennett

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Robertson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 15 Bartlet St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Diarrhoea.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Balt C

Date of Burial, April 24–1878

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Bate St

E. R. Yard. M. D.

Medical Attendant.

Address 242 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21743,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 23 1878

CERTIFICATE OF DEATH.

Date of Death, 22 April 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Mason

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } Aged Women's Home

Cause of Death, { First (Primary,) Senile Decay

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet Cemetery~~ Loudon Park Cemetery

Date of Burial, April 24 1878

Geo H. Lyle M. D.
Medical Attendant.

{ *Undertaker,* H.H. Jenkins & Son
{ *Place of Business,* 16 Light St.

Address Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 47444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

Date of Death, 23d April 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora A Duer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3-4 *Years,* 3 *Months,* 23 *Days.*

Color, White.

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Widow, Boarder.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore -

Duration of Residence in the City of Baltimore, Lived 10 years in N York.

Place of Death, {Give street and number.} 110 N. Eutaw, near Franklin St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Apoplectic Convulsions.

Duration of Last Sickness, about 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 25 April 1878

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St.

Address 47 Franklin St.

W C Van Bibber M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

Date of Death, April 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Annie Frank

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 69 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City 69 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corn. Green & Lombard St. Hospital

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Asthenia

Duration of Last Sickness, 10 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, 24th April

Undertaker, Jas Leyenbach

Place of Business, 58 W Pratt St

J. B. Ashby M.D.

Medical Attendant.

Address, Municipality Hospital Corn Green & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Osborne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Home 214

Cause of Death, First (Primary,) Consumption

Second (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Furnace Branch H. M. Shull M. D.

Medical Attendant.

Date of Burial, April 24th

Undertaker, S. M. Leonard Son *Address* 11 S. Liberty

Place of Business, 782 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24744

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Sanders

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 27 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Child~~ Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 146 Johnson St

Cause of Death, First, (Primary.) Cut

Second, (Immediate.) Erysipelas (Traumatic)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 25 1878

Thos W Cord M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Austin.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty Seven *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England Forty More

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 213 Bank st.

Cause of Death, {First (Primary,) Paralysis. Second (Immediate,)

Duration of Last Sickness, Six years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 25, 1878

{*Undertaker,* M. A. Dwyer *Place of Business,* 74 S. Broadway

Nicholas L. Dunbill, M. D. Medical Attendant.

Address 219 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24749

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul Lindsay

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 20 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Sailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 181 Eagle St

Cause of Death, { First, (Primary.) Phthisis

Second, (Immediate,) ____

Duration of last Sickness, Several Years Complaining about 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 24th 1878

Undertaker, H. A. Daigen

Place of Business, 74 S. Broadway

Geo. E. Dennett M. D.
Medical Attendant.

Address, 111 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Delilah Ames

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 5 *Months,* 7 *Days.*

Color, white *Sex.*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, A Lady.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Islesboro, Maine.

Duration of Residence in the City of Baltimore, Since 1849

Place of Death, {Give street and number.} No. 40 Clark St.

Cause of Death, First (Primary,) Typhoid Dysentery.

Second (Immediate.)

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 24 1878

W. F. Howard M. D.
Medical Attendant.

Undertaker, John I. Andrews

Place of Business, Druid Hill Ave *Address* 181 Mad. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

Date of Death, 24th April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Maria

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 14 days

Duration of Residence in the City of Baltimore, 100 Exeter.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) / Second (Immediate,)} Erys. pelas. for 10 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hill, Stevens Cemetery

Date of Burial, April 25 1878

Undertaker, Henry Heck

Place of Business, 304 Central Ave

C. H. Gallemore M.D.
Medical Attendant.

Address, 29 Booth

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

Date of Death, April 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wallem

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or ~~Widower.~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} c/o 163 E. Lombard St

Cause of Death First, (Primary,) Heart Disease

Second, ~~(Immediate,)~~ Dropsy

Duration of last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, April 25.

Undertaker, Fred Goede

Place of Business, No 224 S. Carroll *Address,* 193 Columbia St

A. A. Tod *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 24703

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24753,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ABR 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paris, s Mary Simms (Parents)

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 1 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 20 Jessin St

Cause of Death, {First (Primary,) Atelectasis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24 1878

Undertaker, J. H. Chase

Place of Business, 19 Howard

D D Austin M. D.
Medical Attendant.

Address, 192 Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24754

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bones

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 93 Lee st.

Cause of Death {First, (Primary,)} Heart Disease

{Second, (Immediate,)} Dropsy

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Wilson St Cemetery

Date of Burial, April 25 1878

Undertaker, W. Shaw

Place of Business, 5 Howard Ave

R. M. Hall *M. D.*
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24755

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23, 18[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 1 Bridge st. City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 15[illegible] York st

Cause of Death, First (Primary,) Consumption

Second (Immediate,) 2 mo Days

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 25 th

Undertaker, Lucas Bros

Place of Business, 95 Conway St

J. D. Stucky M. D.
Medical Attendant.

Address 210 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

Date of Death, April 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton Linthicum

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 3 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 44 Gay St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Family-Cemetery

Date of Burial, April 25th 1878

Undertaker, Jas P. Byrne

Place of Business, Fourth St

J. D. Smith M.D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24757

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N Wright

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 39 *Years,* 8 *Months,* — *Days*

Color, White

Married, ~~Single, Widow, Widower~~, {Cross out the words not required in this line.}

Occupation, Baggage Agt. N. C. R. R

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Vermont

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 29 George St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) " Apoplexy.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, April 25th 1878

Undertaker, John J Andrews

Place of Business, Mount Auburn Hill Avenue

W W Antrim M.D.
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 11 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Records of

Place of Death, {Give street and number.} 192 N. Paca Street

Cause of Death, First (Primary,) Scarlatina maligna

Second (Immediate,) Pyrexia

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ver. Cemetery

Date of Burial, April 28th 1878

Undertaker, Fry & Brn

Place of Business, Broadway

Dissette M. D.
Medical Attendant.

Address, 8 E. Eager Corner Lib. Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23. 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Irving Kingsland

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 39 *Years,* 2 *Months,* 6 *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Clerk in Custom H.C.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pa.

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} ~~Hospital~~ No 1 S. Calvert

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 25th 1878

Undertaker, Thos L Hughes

Place of Business, 60 E Balto

I Ph Cochran M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 24760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Geist

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 32 *Years,* 9 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 169 Wolfgang St

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrhage of Lungs

Duration of Last Sickness, 1 Hour.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 25th 1878

Undertaker. Wm Weaver

Place of Business, No 202 N Eutaw St

Pendleton Mc Guire M.D.
Medical Attendant.

Address. No 203 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Poer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty two *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 269 Madison Av

Cause of Death, {First (Primary,) / Second (Immediate,)} Hematuria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 25th 1878

Undertaker, Wm Weaver

Place of Business, No 202 E Eutaw St

Reuben Bucher M. D.
Medical Attendant.

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24762

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anni Maria Young

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 40 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widower~~ Widow, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Annapolis Maryland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 51 Carlton St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) "

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April. the 24 1878

Undertaker, Wm James Gray

Place of Business, 65 mulberry

Thomas Opie M.D.
Medical Attendant.

Address, 39 N. Fayette.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Murray Kinnier

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Easton Shore of Maryland

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and number.} cor. Madison & Durham Sts.

Cause of Death, First (Primary,) Senility

Second (Immediate,) Locks,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, April 27-1878

Undertaker, Wm. Tuckman

Place of Business, N. Gay St.

G. H. Kirkwood M.D.

Medical Attendant.

Address, 430 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jabbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Ten *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Ten yrs

Place of Death, {Give street and number.} No 24 Union St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Jew Cemetery

Date of Burial, Apr 25 1878

Undertaker, Wilson N Bruges

Place of Business, No 10 Stockley *Address* Portland Place

H A Brown *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Directions on Back, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Gibb

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* —— *Days.*

Color, Col'd

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~ ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 321 E Cambria

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 321 Hamburg

Cause of Death, {First (Primary,) / Second (Immediate,)} Pleura Pneumonia

Duration of Last Sickness, 15 d

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, 25th inst

Undertaker, H. Ross & Co

Place of Business, 96 Conway St

Geo. N. Benson M. D.
Medical Attendant.

Address 1 S 4 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr 24 - 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eitman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State of country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} No 600 Penna Ave

Cause of Death, First (Primary,) Pulmonary Lung Croup

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 26 78

Undertaker, D. Kummel

Place of Business, Mulberry St

H. J. Brown M. D.
Medical Attendant.

Address Corner Pennsylvania Ave & Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Newton

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, — Plumber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ball. Md

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Phthisis Pul.

Second (Immediate,) asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sml. Peters Cemetry

Date of Burial, April 25th 1878.

Undertaker, Adam Weidemeyer.

Place of Business, 518 W. Baltimore Str.

T. A. Ashby M.D.

Medical Attendant.

Address, Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24768

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Comerger

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kent Co Md

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and number.} Donnelly's Ct

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, April 25th 1878

Undertaker, P. Mullin

Place of Business, Cambridge St

E. Hull Mitchell M.D.
Medical Attendant.

Address, N E Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Sauer.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Twenty two *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 4 Shakespeare St.

Cause of Death, {First (Primary,) Suicide (Arsenic Poison)
Second (Immediate,)}

Duration of Last Sickness, 12 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, 26 April 1878

Undertaker, Wm. Sinclair

Place of Business, 253 Main St.

D. C. Ireland M.D.
Medical Attendant.

Address, Coroners E. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24770

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ransom

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 55 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 11 W. Lombard St

Cause of Death, First, (Primary,) ———
Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, April 25th 1878

Undertaker, P. Mullin

Place of Business, 67 Cambridge

James A. Steuart M. D.
~~Medical Attendant.~~

Address, Comm'rs of Health
Registrar

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. J. H. Scarff. Nov 8th

KODAK SAFETY FILM

The attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosette Johnston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 8 Wabash Av

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Nr 8 Wabash Av

Cause of Death, First (Primary,) Bronchitis Capil.

Second (Immediate,) —

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loud (County)

Date of Burial, April 25: 1878

Undertaker, Jas E Gunn

Place of Business, No 63 Saratoga

D. P. Quinn *M. D.*
Medical Attendant.

Address 180 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24772

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ch Otto Sachs

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, *Years,* 12 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 12 months

Place of Death, {Give street and number.} 8 Mc Clintock Ave

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 26th 78

Undertaker H. C. Niedfeldt *Address,* 15 Bridge St

Place of Business, 90 Greenmount Av

Geo Dobler M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24773

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Driscoll

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 99 Camden

Cause of Death { First, (Primary,) / Second, (Immediate,) } Phthisis Pulmonaris

Duration of last Sickness, Some years.

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem

Date of Burial, April 26th 1878

R. J. H. Tull M. D.
Medical Attendant.

Undertaker, Jos F Byrne

Place of Business, 57 n Gilbert st *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2

No. 24774

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Colson

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, black

Married, ~~*Single, Widow or Widower*~~; {Cross out the words not required in this line.} Widowed

Occupation, Washerwoman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Born — Lived for life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Con. Lombard & Green sts.

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,) Stroke

Duration of Last Sickness, 10 hours —

All the above information should be furnished by the Physician.

Place of Burial, Loudon (Cemetery)

Date of Burial, April 26th

Undertaker, S. McLennan & Son

Place of Business, 32 W. Baltimore

I H Ashby — M. D.
Medical Attendant.

Address. University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

...Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Wheeler

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About Seventy three *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hartford - Connecticut

Duration of Residence in the City of Baltimore, About twenty years

Place of Death, {Give street and number.} No. 964 West Baltimore

Cause of Death, First (Primary.) Old age; with an enfeebled constitution

Second (Immediate.)

Duration of Last Sickness, Fourteen months more or less confined to bed

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, April 27, 1878

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Ball st

J. Ridgely Hammond M. D.
Medical Attendant.

Address N. E. Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 24776

The Special Attention [redacted] to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24776,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Mary Gordon

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 73 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number. } 31 S Colt St.

Cause of Death, { First (Primary,) Malignant disease of the liver
Second (Immediate,) Hemorrhage from Stomach

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 27th 1878

Geo. J. Brown M. D.
Medical Attendant.

{ *Undertaker,* J. H. Foard & Co
Place of Business, 258 W Pratt St

Address 258 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No 24777

The Special Attention of ... is invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert C. Jeffers.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in United States if of foreign birth.)} Calvert County, Md.

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number.} 8 Peach Alley

Cause of Death, {First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, About 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25 1878

Undertaker, J. H. Chase

Place of Business, 1 Hanover St

J. B. White, M. D.
Medical Attendant.

Address, Balt. South Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24778

The Special Attention of Physicians [illegible] Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Baudouine

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 57 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number.} 44 King st

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of Breast / 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Church of Comfort April 26th 78 J A Gillis M.D.

Time of Burial, Medical Attendant.

Undertaker, St. Clair

Place of Business, Hart and [illegible] *Address,* 150 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred B. Garrett.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 8 mos. +

Place of Death, {Give street and number.} 65 Johns Alley.

Cause of Death, First (Primary,) Congn. Specific disease?

Second (Immediate,) of lungs. Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Emerty

Date of Burial, April 25 1878

Undertaker, C. W. Shirk

Place of Business, 5 Hanover St. *Address* 234 Madison Ave.

W. E. Morley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24780

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence J. Sharp

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 4 Plum alley

Cause of Death {First, (Primary,) Convulsions

{Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Shark St. Cemetery

Date of Burial, April 26 1878

R. M. Hall *M. D.*
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 63 Mulberry *Address,* 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary E Howard (Mother)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 17 hours Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} 77 Holland St. Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Holland St.

Cause of Death, {First (Primary,) Premature Birth. (Syphilis.) Second (Immediate,) Asthenia

Duration of Last Sickness, 17 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Private Cemetery

Date of Burial, April 26. 1878

Undertaker, L. D Roaring

Place of Business, 136 E. Baltimore

A. E. Stein, M. D.
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha E Williams

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, in 63 year *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and city) long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 191 Nth Howard St

Cause of Death, {First (Primary,) Second (Immediate,)} Gastritis mercurial. Anemia.

Duration of Last Sickness, 2 week,

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, 26th April 1878

Undertaker, L. I. Andrews *Address*

Place of Business, Druid Hill Av

J Schmitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24783,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Reilly Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty five *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 96 Hanford Avenue

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) One Year

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 26th 1878

Undertaker, James D Byrne

Place of Business, No 68 & 70 Front St *Address* 132 N. Front St

A P Yeats M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Campbell Miller

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 115 Harlem Ave

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis

{Second (Immediate,) Fever 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28/78

Undertaker, Hughes and Co

Place of Business, 55 & W Fayette St

W McKeever M.D.
Medical Attendant.

W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to last of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J Ellison Peters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hat Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 1 Week

Place of Death, {Give street and number.} 65 Fayette St West

Cause of Death, {First (Primary,) Phthisis —

Second (Immediate,)

Duration of Last Sickness, 2 years —

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia J. H. Kerr M. D.

Date of Burial, 27 April 1878 Medical Attendant.

Undertaker, John H. Hearn *Address* 185 Hanover St

Place of Business, 422 N. Fayette St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1070

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Ruegge

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 9 *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. cor of Howard & Hamburg Sts

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera infantum

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, April 27th 78

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

Louis C. Dorn M.D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hodgson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, 1 Yr. 10 days.

Place of Death, {Give street and number.} No 492 W. Lombard

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 27

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address* St

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Richard

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1 Low Pratt

Cause of Death, {First (Primary.) Second (Immediate.)} Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 28th 1878

Undertaker. Thos Sheehan

Place of Business, 14 S Calvert

Alex Lee Davidson M.D.
Medical Attendant.

Address, 129 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 55 *Years,* — *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemet

Date of Burial, April 26 "1878

Undertaker, P. Mullin

Place of Business, Cambridge St

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Hengel Heudle

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 52 Years, 10 Months, ——— Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 16 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 130 Lexington

Cause of Death, {First (Primary,) Insufficiency & Stenosis of mitral valve

second (Immediate,) Heart disease

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, H. Michels. Cemt.

Date of Burial, April 27. 1878.

{*Undertaker,* H. Hofmann

Place of Business, 63 Bank Eden St.

D. Deady M. D.
Medical Attendant.

Address 101 Eager Carlin Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Gaines

Sex, Male or Female, {Cross out the words not required in this line.}

Age, One *Years,* Six *Months,* Fourteen *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 66 Little Monument

Cause of Death, {First (Primary,) "Meningitis"
Second (Immediate,) 14 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 26

Undertaker, James Brackbon

Place of Business, 702 Druid Hill Ave

D. A. Gilliss M.D.
Medical Attendant.

Address, 130 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Gerhard

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* — *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country and how long in United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 49 Front St

Cause of Death, {First (Primary,) Stomatitis

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Lyon's Cemetery

Date of Burial, April 27 78

Undertaker, M. Rank

Place of Business, 135 Bank St

Abram B. Arnold M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24793.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Conaka

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, (1) One Years Six (6) Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 34 Barney Street

Cause of Death, First (Primary,) Tuberculous Mesenteric gitis

Second (Immediate,) Marasmus.

Duration of Last Sickness, Three (3) weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, 27 April

Undertaker. Adam Fink

Place of Business, 461 W. Gay St.

H Rosselius M. D.
Medical Attendant.

Address, 101 Eutaw Corner

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26 th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Maxwell

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, Seventy Seven *Years,* Eleven *Months,* Twenty four *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel County

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} # 455 Lanvale St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)}

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit Md

Date of Burial, April 30th/78

Undertaker, Geo Schilling

Place of Business, Ashland Square

J. G. Luthicum M.D.
Medical Attendant.

Address, # 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 1071

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Zeller.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 21 Years.

Place of Death, {Give street and number} 159 S. Sharp St.

Cause of Death First, (Primary.) Fibrous Tumor of the Uterus.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, about 8 Years.

All the above information should be furnished by the Physician.

Place of Burial, Ballo = Cemetary

Date of Burial, 29th of April

Undertaker, Ph. Secwald

Place of Business, 35 S. Eutaw

R. J. N. Tall M. D.
Medical Attendant.

Address, 152, S. Sharp, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday April 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Johnson

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 3 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

~~Occupation~~, ———

~~Birthplace~~, {State or country (and how long in United States, if of foreign birth.)} Lucas ~~Lucas~~ St between Lancaster & Allesanna Sts

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} At the place of birth

Cause of Death, {First (Primary,) Otitis & Abses

Second (Immediate,) Spasms

Duration of Last Sickness, Two Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery *Medical Attendant,* J. Richards *M. D.*

Date of Burial, 28th April 78 *Address,* 28 O Donnell St

Undertaker, W. Evans

Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21 /78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md Kent

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery Jno. Brooke Boyle M. D.

Date of Burial, April 22d 1878 Medical Attendant.

{*Undertaker,* P. Mullen *Address* 116 E Eager st

{*Place of Business,* Cambridge

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24798,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hanaw.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* ~~Months,~~ ~~Days.~~

Color, White. *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Londonderry Ireland.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} cor Albemarle & Stiles sts.

Cause of Death, First (Primary,) Cancer of Rectum, secondary deposits

Second (Immediate,) in Stomach —

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery C. F. Brune M. D.

Date of Burial, April 27th 1878 Medical Attendant.

Undertaker, A. Andrews Address 241 Lindsay ave.

Place of Business, Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Dick

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, House-Wife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 24 Years

Place of Death, {Give street and number} 864 W Pratt St

Cause of Death, First, (Primary,) Dont Know — Had No Physician —

Second, (Immediate,) About two Mos —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 28 1878

M. D.

Medical Attendant.

Undertaker, P. Kummet

Place of Business, Mulberry St *Address,* 582 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Albert

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, 3 Years, 2 Months, 24 Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and if long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} Mount Vernon Hotel

Cause of Death, {First (Primary,) Nephritis; Second (Immediate,) Exhaustion

Duration of Last Sickness, about Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, April 27/78

Undertaker, Stewart & Howell

Place of Business, 35 Park Ave.

Chas. O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Singleton

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Supposed 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (if born long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, Balt. Infirmary

Place of Death, {Give street and number.} Phthisis

Cause of Death, {First (Primary.) Asthenia

Second (Immediate.) — In Hospital 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery T. A. Ashby M.D.

Date of Burial, April 27 1878 Medical Attendant.

{*Undertaker,* L. LeGorrec Address. Univ. Hospital

{*Place of Business,* 197 Bank St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to last of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmer H. Forman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* 27 *Days.*

Color, White *Sex.* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (if not born in the United States, if of foreign birth.} Maytown Penn.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 27 Mount st

Cause of Death, {First (Primary,) Dysentery fever

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, April 27th 1878

J. H. B. Hoff M. D.
Medical Attendant.

{*Undertaker,* [illegible] Black *Address* 28 Saratoga st
{*Place of Business,* 1107 N. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Balfour

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ... *Months,* 1 Day

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace. {State or country (and how long in United States, if of foreign birth)} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 1992 E. Chester St.

Cause of Death, {First (Primary,) ... Second (Immediate,) ...} Asphyxia at birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, M. C. B. Hymn. Phil. Road

Date of Burial, April 27. 1878

{*Undertaker,* M. A. Daly
Place of Business, 74 S. Broadway}

G. Hamill Rieck M.D.
Medical Attendant.

Address, Balt. Md. ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 26 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Alexandrine Lefevre

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Dance

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France 21 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 92 Montgomery

Cause of Death {First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Paralysis

Duration of last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Apr 27th 1878

Undertaker, C. F. Kranz

Place of Business, 209 Hanover *Address,*

L Hulse M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schlissing

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number} 31 Monroe St

Cause of Death, First, (Primary,) Enlarged Prostate

Second, (Immediate,) Inflamation of Bladder

Duration of last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 28th 1878

M. D.

~~Medical Attendant.~~

Undertaker, John P. Paulus

Place of Business, Fred Ave *Address,* Comm'rs of Health

Reg'r

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS. Examined by Dr. Jas Bailey — [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie A. Gay

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 6 ~~Months~~, Weeks ..... *Days.*

Color, Black *Sex,* .....

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth) } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 98 S. Dallas St.

Cause of Death, { First (Primary,) Eclampsia / Second (Immediate,) .....

Duration of Last Sickness, Twenty one

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27th 1878

{ *Undertaker,* Theodore J. Locke / *Place of Business,* 516 Jefferson

Saml E. Pinnell M. D.
Medical Attendant.

Address 2916 E. Fairmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lombard Levy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 77 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Multnomah

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} Saratoga St. No 216

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Unknown

Duration of last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, E. Pete Cemetery

Date of Burial, April 27" 1878 Chas W Cooper M. D.
Medical Attendant.

Undertaker, Pat Mullin

Place of Business, 67 Cambridge *Address,* Dispensary Cor North & Saratoga Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26. apr. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D. Bonsal

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} ... *Months,* ... *Days*

Age, 76 *Years,* ...

Color, wht.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State of country, and how long in United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 243 Park ave

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) ...

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, St Johns Lutheran

Date of Burial, April 29th 1878

Undertaker, John T Sessions

Place of Business, 201 W Baltimore St

G Lane Taneyhill M.D.
Medical Attendant.

Address, 129 W Biddle.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Peachey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Univ. Prot. Infirmary

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, April 29th 1878

{*Undertaker,* John F. Andreus

Place of Business, 1846 Druid Hill Avenue

Chas Fawcett M.D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Fetch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* ... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 46 N. Durham St

Cause of Death, {First (Primary,) Chronic Meningitis

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. John H. Rehburgen M.D.

Date of Burial, 28th "/78 Medical Attendant.

Undertaker, Arnaud O'Fanes

Place of Business, 280 Canton Ave *Address* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~duly~~ fully filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE BOARD OF HEALTH APR 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Oneal

Sex, ~~Male or~~ Female, { Cross out the words not required in this line. }

Age. ~~7~~ *Years,* ~~Eight~~ Ten *Months,* Sixteen *Days*

Color, White

~~Married~~ Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Howard County

Duration of Residence in the City of Baltimore, Nine Months

Place of Death, { Give street and number. } 838 Baltimore St

Cause of Death, { First (Primary,) Congestion of Lungs
Second (Immediate,) & Brain

Duration of Last Sickness, 2 Weeks or More

All the above information should be furnished by the Physician.

Place of Burial, St. Pats Cemetery

Date of Burial, April 28th 1878

Undertaker, Hughes and Co

Place of Business, 550 N Gayette St

J. G. Leitheiser M.D.
Medical Attendant.

Address, 58 N Gayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5448/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 28 1878 BALTIMORE.

Date of Death, 27 April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis H. King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Georgetown D.C.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} 396 Saratoga Street

Cause of Death, {First (Primary.) Cancer of Stomach & bleeding 6 / Second (Immediate.) Pylone Orifice

Duration of Last Sickness, Unknown - under my care since February

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 29

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Harbury Brown M. D.
Medical Attendant.

Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Butler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* —— *Months,* 6 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County Maryland.

Duration of Residence in the City of Baltimore, About 50 years

Place of Death, {Give street and number.} 15 S. Schroeder St

Cause of Death, First (Primary,) Strangulated Hernia

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery J. Gibbons M. D.

Date of Burial, April 29 Medical Attendant.

Undertaker, J B Cook

Place of Business, 70 W Pratt St Baltimore Address 47 Edmondson Ave East of Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April. 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah. Raeder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50. *Years,* 7. *Months,* 11. *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Lot Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Western Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 112 Riddel st

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Elm

Date of Burial, April 29th 1878

Undertaker, Abel Scriven *Address* [illegible]

Place of Business, 271 N Eutaw st

G. Pape. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William H. Gatchell.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Judge Appeals Tax Court.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} Cor St Pauls & Madison Sts Balto.

Cause of Death, First (Primary,) Fatty degeneration of Heart.

Second (Immediate,) Catarrhal Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Apr 29 78

Undertaker, Sandt & Merrill *Address*

Place of Business, 35 East Ave

Hart Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 April 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wadsmith Seibert

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 76 Years, — Months, — Days

Color, white

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 96 Lanvale

Cause of Death, {First (Primary,) / Second (Immediate,)} Apoplexia / 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetary

Date of Burial, 28th April 1878

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann.

[illegible] M.D.
Medical Attendant.

Address, 57 Augusta

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary C. Pearson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* —— *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ ~~Widow~~ *Widower,* {Cross out the words not required in this line.} widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 293 Saratoga st

Cause of Death, {First (Primary,) Exposure whilst moving from one house to another

Second (Immediate,) Pneumonia.

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, april 28th

Undertaker, C H Blizzard

Place of Business, 201 Penna ave

William Lee M. D.
Medical Attendant.

Address Eutaw & Hoffman sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2481 8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Wilson

Sex, Male or ~~Female~~, {Cross out the word not required to this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} # 54 Forrest St

Duration of Residence in the City of Baltimore, 1 yr 1 mo

Place of Death, {Give street and number.} # 54 Forrest

Cause of Death, {First (Primary,) Diptheria / Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th 1878

Undertaker, Wm N Dunger

Place of Business, 62 East St

Geo Wallis M. D.
Medical Attendant.

Address 179 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by me Geo Wallis M D [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on the...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rapp

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Five *Years,* Three *Months,* Twenty-six *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 121 Russ St

Cause of Death, {First (Primary,) Diphtheritic Croup -
Second (Immediate,) Croup

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 29th 1878

Undertaker, Andrew Leib

Place of Business, 118 Druid Hill Ave

D L Rowe M.D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. William Smith

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 6 *Months,* 27 *Days*

~~*Color,*~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 99 Jasper St Balto. Md

Duration of Residence in the City of Baltimore, 6 mo 27 da

Place of Death, {Give street and number.} 99 Jasper St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, April 29 1878

{*Undertaker,* S. H. Chase

Place of Business, 7 Howard St

F. A. Gillies *M. D.*
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Stewart Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~~Laborer~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 11 Jenkins Alley

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Over a Year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, April 29 1878

{*Undertaker,* C. W. Chase

{*Place of Business,* 13 Howard St *Address*

J. Schmidt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation. Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} 42 Elbow Lane

Cause of Death, First (Primary,) Lyphnigt

Second (Immediate,) & Asthenia preceded by Coma

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery *Date of Burial,* April 29 1878

Undertaker, S. H. Chase *Place of Business,* 57 Columbia St

Address 57 Columbia St

H. P. Leiger *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24823,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Payne

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow* or *Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} S. E. Cor Pearl & Mulberry Sts.

Cause of Death, First (Primary,) Croup

Second (Immediate,) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 29th 1878

Undertaker, R. Cornelius Sons

Place of Business, 92 N. Howard St

Claude Van Bibber M.D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 24824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Hargison

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number.} 18 Orchard St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Suppression Urine

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April the 29th 1878

W W Atkinson M.D.

Medical Attendant.

Undertaker. William James Gray

Place of Business, 65 Mulberry st

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Evans

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, Forty ~~One~~ *Years,* ~~One~~ *Months,* ~~One~~ *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cincinnati Ohio

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} Cor. Calvert & Saratoga Sts.

Cause of Death, {First (Primary,) Delerium with Injury

{Second (Immediate,) Septicaemia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 30th 1878

{Undertaker, [illegible]

{Place of Business, 129 N. Paca St

D. R. Brown M.D.

Medical ~~Attendant~~ Attended

Address, Cor Lanvale St & Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Irwin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 504 [illegible] (4) [illegible] St

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 29

Undertaker, C W Blizzard

Place of Business, 201 Penn av

[illegible] Penn Ave

M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27 the 2 p m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Schum

Sex, Male or Female, {cross out the word not required in this line.}

Age, 72 *Years,* Six *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Years.

Place of Death, {Give street and number} 227 South Bond

Cause of Death, First, (Primary,) Scirrhus

Second, (Immediate,) Carcinoma auct.

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 29

John L. Ziter M. D.
Medical Attendant.

Undertaker, John Seidel

Place of Business, 616 W. Balto. St *Address,* 21 Nora Extn.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Hasselberger

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 107 West St.

Cause of Death { First, (Primary.) / Second, (Immediate,) } Delirium Tremens

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 30 '1878

Undertaker, B. Harle

Place of Business, Light St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th April 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Wilhelmine Caroline Franz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} S. Wolfe st. 117.

Cause of Death, {First (Primary,) / Second (Immediate,)} Hydrocephaloid Chronicus' During lifetime

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel.

Date of Burial, April 30, th.

Undertaker, Henry Lander

Place of Business, No 252 Carlton st

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} P. B. Brown

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Three *Years,* Five *Months,* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No. 10 Miller Street

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) Suffocation}

Duration of Last Sickness, About 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Milton A. Taylor M.D.
Medical Attendant.

Address, Broadway & Mc Elderry St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24831.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 29 1873 BALTIMORE

Date of Death, Apl. 28 th 73.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aubrea Mulfinix

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Eighteen *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boat man and Stuty

Birthplace, {State or country (and how long in United States, if of foreign birth.)} in

Duration of Residence in the City of Baltimore, Past Nineteen Yrs

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Drowning. — Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick

Date of Burial, April 29

Undertaker, Mr Schilling

Place of Business, Cor ns Elliott and Caroline

N. C. Ireland M.D.

Medical Attendant

Coroner E.D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~October 27~~ 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kirkwood

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,* ——— *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 152 Battery Avenue

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Exhaustion

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 30 1878

Undertaker, Armistead & Demp

Place of Business, Light St

James A Steuart M. D.

[redacted]

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. Jas Bosley

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24833,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 29 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Kirby

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 hrs

Place of Death, {Give street and number} Corner of

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 29th 1878

Undertaker, John D. Weaver

Place of Business, #22 W. Fayette St *Address,*

_____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emerald Lawrence

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 12 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of ~~Residence~~ in the City of Baltimore,

Place of Death, { Give street and number. } 431 Penna. Ave

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) "

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Dudley Street Ground

Date of Burial, April 30th 1878

Undertaker, J. C. Newman

Place of Business, 16 Street 4

Address 431 Penna. Ave

Francis Wolf *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Francis Wolf

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche L Bullman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 *Years,* 8 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } 2 2 Park

Cause of Death, { First, (Primary,) Convulsions

Second, (Immediate,) [illegible]

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 30 1878

[illegible] *M. D.*
Medical Attendant.

Undertaker, Rodenmeyer

Place of Business, W. Balto St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4M.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Father Schley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 37 *Years,* 5 7 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 9 yrs

Place of Death, {Give street and number.} 40 Courtland

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, About 8 Month

All the above information should be furnished by the Physician

Place of Burial, London Park

Date of Burial, April 30th 1878

Undertaker, H. W. Jenkins Son

Place of Business, 162 Light St

H Darling *M. D.*
Medical Attendant.

Address 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon I. Bryan

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give ~~street and~~ number.} 64 Raborg St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, April 29th 1878

Undertaker, Wm. H. Dunger

Place of Business, 10 Rockler alley

Edwd F. Mitchell M.D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret McDonnell

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 5-5 ? *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland 20 years

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number } 102 Cathedral St

Cause of Death { First, (Primary,) Drinking & Intemperance
Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 30th 1878

Undertaker, Patrick F. Byrne

Place of Business, 129 Light St

Edmund R. Walker M. D.
Medical Attendant.

Address, Corner M. & D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 24

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

Permit No. 24839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa st John Barney (Parents)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 7 Days.

Color, Cold

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 170 S. Dallas St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) ~~Inanition~~ Atelectasis Lipse

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Grave Yd

Date of Burial, April 30 1878

Undertaker, Geo T. Jones

Place of Business, Dallas St

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Dr. L. F. McShane

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Slaughter

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

~~*Duration of Residence in the City of Baltimore,*~~ 30 years

Place of Death, {Give street and number.} 8 Addison St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetary

Date of Burial, April 30th 1878

{*Undertaker,* James P. Byrne

{*Place of Business,* No 63 N. Front St

E. C. [illegible] M.D.

Medical Attendant.

Address, [illegible] Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No 24841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Coffin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* 7 *Days.*

Color, white *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co. Md.

~~*Duration of Residence in the City of Baltimore*~~ eight years

Place of Death, {Give street and number.} N. W. Cor Harford Ave & Hoffman

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heart Disease, Mitral

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 1st 1878

Undertaker, James D Byrne

Place of Business, No 63 N Front St

W. B. Billingslea M. D.
Medical Attendant.

Address Harford Ave & Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 24814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th April 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Morris

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 77 Years, - Months, Days.

Color, W - *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {City street and number.} ~~Cor Pine & Monroe~~

Cause of Death, {First (Primary,) Paralysis

Second (Immediate.)

Duration of Last Sickness, 2 days -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Geo Hayden M. D.

Medical Attendant.

Date of Burial, 1st May 1878

Undertaker, Hy W. Dutkins & Son Address 1 Waverly Terrace

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 24843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Albert McKelvey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 725 W Pratt St

Cause of Death, {First (Primary,) Measles

{Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery / Shelter Hill

Date of Burial, April 31

M. D.
Medical Attendant.

{*Undertaker,* J B Cook

{*Place of Business,* 707 W St Baltimore *Address* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of thi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Folsom

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 2 *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 339 S. Howard St

Cause of Death, {First, (Primary,) [illegible]
Second, (Immediate,) Marasmus

Duration of last Sickness, all Ti Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cem[illegible]

Date of Burial, April 30 1878 Thomas Stone M.D.

Undertaker, L. LeGourdes

Place of Business, 339 S. Howard St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Thos Parley V.P.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 24845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hans Friedrich Holder

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ~~[illegible]~~ *Years,* 8 *Months,* 28 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N.W. Corner Conway & S. Charles Street

Cause of Death, First (Primary,) Enteritis.

Second (Immediate,) Acute Meningitis - Tuberculosis (Meningitis) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 30 1878

Undertaker, Celia Kochler

Place of Business, Sharp St

Address, 165 W Lombard St

Henry Salzer M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 24846

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Betzall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* 3 *Months,* 13 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 151 S. Bethel St.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Marasmus Senilis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity German B. Ground

Date of Burial, Hold 2 May 1, 1878

Augustus F. Erich M. D.
Medical Attendant.

{*Undertaker,* H. A. Darizen
Place of Business, 74 S. Broadway} *Address* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 24847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ Two (2) *Months,* Six (6) *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, 1 Yr. 3 M.

Place of Death, {Give street and number.} Nr 66 Wilcox Alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Six Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 30 1878

Undertaker, J. W. Chase

Place of Business, No 192 Aliceanna St

Jno D Thake M. D.
Medical Attendant.

Address 240 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 24848.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah England Townsend

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* 10 *Months,* 9 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~ ~ ~ ~ ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester Co. Penna. or. Cecil Co Md.(?)

Duration of Residence in the City of Baltimore, 20 Years

~~*Place of Death,*~~ {Give street and number.} ~~180 E Baltimore Street~~

Cause of Death, First (Primary,) Old age -

Second (Immediate,) Chronic Congestion of the brain resulting in serous Effusion at its base.

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount J. Shotwell Townsend M. D.

Date of Burial, April 1. 1878 Medical Attendant.

Undertaker, Thos S Hughe

Place of Business, E Balt St *Address* 216 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 2118119 — OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty one *Years,* Eleven *Months,* Nineteen *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 240 Raborg Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30th 1878

Chas M Neff *M. D.* Medical Attendant.

Undertaker, Wm H Lingo

Place of Business, 1810 Stockton Alley *Address* 306 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics

Permit No. 24830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Gleason Theophil

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 17 *Years,* 1 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Student of Law

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 323 Lanvale st

Cause of Death, First (Primary,) Suffocated accidentally by Gas

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 1st 1878

Undertaker, Hughes & Co

Place of Business, 550 W Fayette st

Geo E Pleasants M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Snyder

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 23 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 2 Barney St

Cause of Death, { First, (Primary,) / Second, (Immediate,) Exhaustion from Hemorrhage

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Thurlow Ord. D. M. D.
Medical Attendant.

Undertaker,

Place of Business, Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

Date of Death, April 29th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jules Bagnol

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* ~~ *Months,* ~~ *Days.*

Color, Whit

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Confectioner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Strasburg (Germany)

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} #223 West Pratt St

Cause of Death, First (Primary,) general prostration following chronic diarrhoea

Second (Immediate,) Cholera morbus

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, May 1st.

Undertaker, F. N. Frolk

Place of Business, 131 Hanover St

H. Albers M. D.
Medical Attendant.

Address 953 Sharpe.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wilson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 3 *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. 8 Lemon Al

Cause of Death, {First (Primary,) Syphilis Secondary

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md

Date of Burial, May 1st 1878

Undertaker, Horace Wilson

Place of Business, Md

C. C. Dudley Jr. M. D.
Medical Attendant.

Address, 166 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Bouyard

Sex. Male or Female, {Cross out the words not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line}

Occupation, Plasterer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 178 E. Dallas st.

Cause of Death, {First (Primary,)} Inflammation of bowels

{Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 1st 1878

Undertaker, Theodore Locks

Place of Business, 56 Jefferson st

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th April 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bleping,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53, *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Most of life,

Place of Death, {Give street and number.} 241 N. Gay Street Baltimore,

Cause of Death, First (Primary,) Chronic Hepatitis,

Second (Immediate,) " " & Dropsy,

Duration of Last Sickness, About four Months,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, May 1st 1878

Undertaker, Wm. H. Richman

Place of Business, 234 E. Gay St

Harvey L. Byrnes M. D.
Medical Attendant.

Address 139 N. Arlington Ave,
Baltimore Md,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Liebig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* four *Months,* Twenty seven *Days.*

Color, white

~~*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}~~

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 536 North Grey ste.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} as above

Cause of Death, {First (Primary) Summer Complaint / Second (Immediate.)

Duration of Last Sickness, sex weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2d

{*Undertaker,* Adam Fink / *Place of Business,* 461 Pratt St *Address*

Adolph F. Boehm, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lovoder Matilda Steffe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 5 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt-City Md

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 794 W Balt-St

Cause of Death, First (Primary,) Pneumonia Lobularis with Collapsus

Second (Immediate,) Septicohyæmia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, May 2nd 1878

Undertaker, Jos H. Goane

Place of Business, 681 W. Balto St

Jno W Coutts M. D.
Medical Attendant.

Address 706 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. O'Neill

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number.} Boulden by

Cause of Death, First (Primary,) ____

Second (Immediate,) Convulsions

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery J. M. Hank M. D.

Medical Attendant.

Date of Burial, May 1st 1878

Undertaker, Fosbough Address 369 Druid Hill Ave

Place of Business, 317½ Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 24859

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Geo Brenner (Parent

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 164 S. Chapel St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Scrofula

Duration of last Sickness, all ye Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 1st 1878

Undertaker, H. Froehlich

Place of Business, Canton Ave *Address,* Comm of Health & Registrar

James Stuart M.D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 24860 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Road Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 Monroe Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetry

Date of Burial, May 1

Undertaker, James Brackston

Place of Business, 1020 Druidhill Ave

L. E. Hayes M. D.
Medical Attendant.

Address 2 E Cor Green & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jn G Imhoff

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bar Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany. 34 yrs

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and number.} 52 Stockton st

Cause of Death, First (Primary,) Believed to be Apoplexy, no post

Second (Immediate,) dead in bed.

Duration of Last Sickness, Sudden death,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 3

Undertaker, H H Blizzard

Place of Business, 201 Pine st

Geo C Lee Cronin M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29 - 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Fuller -

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} F

Age, Two *Years,* Eight *Months,* ——— *Days.*

Color, Black *Sex,* Female -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Catonsville, Md -

Duration of Residence in the City of Baltimore, 18 months.

Place of Death, {Give street and number.} No 11 Parish al.

Cause of Death, First (Primary,) Measles

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1 1878

Undertaker, S. W. Chase

Place of Business, 178 Harrison St

John J. King *M. D.*
Medical Attendant.

Address 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eigbt hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24863

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of H[illegible] [illegible]ore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24863

The Physician who attended any person in [illegible] illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT MAY 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Scarborough

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, 70 *Years,* —— *Months,* —— *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } unknown

Duration of Residence in the City of Baltimore, Do

Place of Death, { Give street and number } 26 Wilcomes alley

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Paralysis

Duration of last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem[illegible]

Date of Burial, May 1 1878 James A Steuart M. D.

Undertaker, S. H. Chaney

Place of Business, S. Howard St *Address,* Comm[illegible] of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. S. A. Bo[illegible]

No. 24864

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gross

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 272 Hanbury St

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 1st 1878

Undertaker, Jacob Davis

Place of Business, Lee St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. [illegible]

No. 24865

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Nowark

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} #1 Fayette St

Cause of Death, First, (Primary,) Epileptic

Second, (Immediate,) Coma

Duration of last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 1 1878

Undertaker, Hughes & Co

Place of Business, Broadway

James H Glenn M. D.
Medical Attendant.

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam Dr E. Geo Walls. V. Rovar

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ellen Gray

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 414 E. Lombard St

Cause of Death First, (Primary.) Marasmus

Second, (Immediate,) Convulsions

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 2nd 1878

Undertaker, Wm. Gryers Sons

Place of Business, Broadway & Fayette

C. Manfield Lusk M. D.
Medical Attendant.

Address, Balt. & Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bernarkme

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / ~~Female~~

Age, 32 *Years,* 2 *Months,* *Days.*

Color, *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 Albemarle St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery *Wm. White,* M. D.

Date of Burial, May 2 nd

Medical Attendant.

Undertaker Henry Schultheis *Address* 261 N. Broadway

Place of Business, 261 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lila Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years* 3 *Months,* *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Staunton Va.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 147 E. Fayette

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 1st 1878

Undertaker, Hughes & Hughes

Place of Business, 66 E. Balto St.

G. G. Lusk M. D.
Medical Attendant.

Address, Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Gilbert Boyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* 2 *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 12 months

Place of Death, {Give street and number.} No 12 Parish alley

Cause of Death, First (Primary,) Measles, Variola

Second (Immediate,) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1st 1878

Undertaker, Wm H. Jungu

Place of Business, No 10 Stockton Alley *Address* No 134 Paca st

J. J. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9 4 8 7 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 30 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Gutmann

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 83 *Years,* 3 *Months,* 9 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany — { 35 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 N. Calhoun ... st

Cause of Death, {First (Primary,) Old age

{Second (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 2 nd May

{*Undertaker.* C. Hollander & Sons

{*Place of Business,*

Patterson M.D.
Medical Attendant.

Address. 133 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Seward.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty Seven *Years,* Five *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 173 Washington St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption, Two years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3d 10. A.M.

Undertaker, Henry Linder

Place of Business, 252 Canton Ave.

Nicholas L. Dashiell M.D.
Medical Attendant.

Address 307 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday April 30 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis James Russell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All

Place of Death, {Give street and number} No 452 Fayette St. Esclanfeia

Cause of Death First, (Primary,) /

Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 3

Undertaker, J B Cook

Place of Business, 707 W St Baltimore *Address,* N. H. Co. Fayette & Schroeder

J. Lennett Hoxie *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah Cornelia Elder.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* 3 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life resident

Place of Death, {Give street and number.} No. 463 Franklin St. Balto.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption.

Duration of Last Sickness, 5½ months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 3

Undertaker, J B Cook

Place of Business, 707 W. Balto St *Address* 243 N. Fremont St Balto.

E. M. Reid M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention ... this ...icate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Joseph McKey

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, Seventy Four *Years,* Two *Months,* Seventeen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Life time

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Gentleman

Place of Death, {Give street and number} N. E. Cor Broadway & Fayette St.

Cause of Death First, (Primary,)

Second, (Immediate,) Paralysis

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3d 78

Wm H. Cleudinen M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 542 Broadway

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 24875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Horatio Webster

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two *Years,* [redacted] four *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1490 Ore and St

Cause of Death, { First (Primary,) Convulsion

Second (Immediate,)

Duration of Last Sickness, Four Months and One week

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, May 2 1878

Undertaker, Wm. H. Bishop

Place of Business, 98 Lindsell Ave *Address*

I Attended

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* about 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number} St Vincent Infant Asylum

Cause of Death, First, (Primary,) Emaciation

Second, (Immediate,) ____

Duration of last Sickness, Dying when received.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 3. 1878

Martin L Brewer M. D.
Medical Attendant.

Undertaker, Saml Bowser

Place of Business, 152 Division St. *Address,* 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

Date of Death, May 1. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ——— *Years,* About 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Home 10 days

Place of Death, {Give street and number} St. Vincents - Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, May 3 1878

Undertaker, Saml Bowers

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nestor Hyland

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 20 *Years,* 5 *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 343 E. Biddle St.

Cause of Death, {First (Primary,) Insanity

Second (Immediate,) Debility

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, May 2. 78

Undertaker, Sander & Mann

Place of Business, 35. Park

Geo. K. Norbury M.D.
Medical Attendant.

Address, # 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate L. Forbes

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* *Months,* 11 *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, -

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert, Co Md

Duration of Residence in the City of Baltimore, 3 y 11 da

Place of Death, {Give street and number.} 80 Jackson

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 2

Undertaker, James Brackett

Place of Business, 1020 Druidhill Ave

J. A. Gillies M.D.
Medical Attendant.

Address, 150 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresia Jensen

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 318 South Howard st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 318 South Howard st

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore & Cemetery

Date of Burial, May 2 nd 1878

Undertaker, Theodore J. Locke

Place of Business, 22 Jefferson st

H. H. Stucky M. D.
Medical Attendant.

Address 210 South Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 24881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Klein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 20 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 31 Essex St.

Cause of Death, First (Primary,) Internal convulsions accompanied

Second (Immediate,) by difficult dentition.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, May 3rd 1878

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

John H. Rehburgen M. D.
Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May. 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Boyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 126 Dolphin St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 126 Dolphin St.

Cause of Death, {First (Primary,) Catarrh / Second (Immediate,) Enteritis 7 Days.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, old Cathedral Run

Date of Burial, May 2nd 1878

Undertaker, Wm T Scruton

Place of Business, 231 W Eutaw St

Edward P McDevitt M. D.
Medical Attendant.

Address 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the ... Sec. 6.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Clark

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 14 Little Pine st

Cause of Death { First, (Primary.) Tubercular Meningitis ?
Second, (Immediate.)

Duration of last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 3 1878

Undertaker, D Kennnet

Place of Business, Mulberry St

R Winslow M. D.
Medical Attendant.

Address, 231 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 24884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May. 2. 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Payne

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, —— *Years,* three *Months,* —— *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Co.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 135. South Bethel

Cause of Death, {First (Primary,) Inflammation of bowels —

Second (Immediate,)} 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas st cemetery

Date of Burial, May 2. 1878

Undertaker, Wm S. Jones

Place of Business, 162 E. Dallas st

A. C. Adams M.D.

Medical Attendant.

Address, Corner E. Dallas

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24885

The Physician who attended any person in a last i[illegible] sponsible[illegible] *out*, to the Undertaker or other person superintending th[illegible]rial, within *twenty-fou*[illegible] [illegible] deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday 24 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Nickson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Two *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 129 Chestnut St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Spasms

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2d 1878

Undertaker, W. N. Dungee

Place of Business, 62 East St

James A Steuart M. D.

Address, Comm of Health Police station

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Geo Wallis M.D.

TURN

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death. May 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kmeczek

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Five Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} St Abrahams Wharf.

Cause of Death, {First (Primary,) Drowning. / Second (Immediate,)}

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 2d 1878

Undertaker, Henrietta Lippel

Place of Business, 815 Bond st

E. C. Ireland M.D.
Medical Attendant.

Address, Corner E. Dock.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Bittner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 36 South Castle Street

Cause of Death, First, (Primary.) Chronic Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, May 3th 1878

Undertaker, Wendlinne Dippel

Place of Business, 8 Bound 151 *Address,* 6 & S Broadway

Jno. C. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schlenger

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 57 *Years,* 1 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 119 Monument Ave

Cause of Death, {First (Primary,) Acute Pericarditis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) months

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cem

Date of Burial, May 4th 1878

Undertaker, Henkline Lipps

Place of Business, 151 S Bond St

H H Slicer M. D.
Medical Attendant.

Asst. for Charles Keeley

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2d May 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Joseph Zajic

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Little Acc. Elderry street No 29

Cause of Death, First (Primary,) Aneurisma Aortae

Second (Immediate,) Angina pectoris

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, St Johns R.C. Cemetery *Medical Attendant.* William Henkel M. D.

Date of Burial, May 3 1878

Undertaker, Henry Trieck *Address* S. Wolfe & 117.

Place of Business, 309 Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infaut not named, give names of paronts.} Willie Ward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, Years, 4 Months, Days.

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 18 Boston St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Cohens Alley

Cause of Death, {First (Primary,) Scrofula / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemet

Date of Burial, May 3rd 1878

Undertaker, John La Jordan

Place of Business, Park ave

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria R League

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Six *Years,* Six *Months,* ~~Days~~

Color, Creole

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St Louis Mo

Duration of Residence in the City of Baltimore, 2 years 6 mo

Place of Death, {Give street and number.} 197 Saratoga

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 3rd 1878

Wm M Kemp M.D.
Medical Attendant.

Undertaker, H. Hilken Kemp & Son

Place of Business, 16 Eight St.

Address, 55 Myrtle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel R. Abbott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Waterman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cambridge Dorchester County. Md

Duration of Residence in the City of Baltimore, Forty Years.

Place of Death, {Give street and number.} 223. Light St.

Cause of Death, First (Primary,) Consumption (Tuberculosis Pulmonalis)

Second (Immediate,) Apnoea.

Duration of Last Sickness, Two Years.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4 1878

Undertaker, Armstrong & Berry

Place of Business, Light St *Address* Office 129. S. Charles St. Residence - 137 Montgomery St

M. L. Mitchell M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2d May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Marcus G. B. Dudley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 296 S. Chas St

Cause of Death, First (Primary,) Dysentery & Inflammation of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, ____

All the above information should be furnished by the Physician

Place of Burial, Greenmount

Date of Burial, May 4th

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery Sts

A. H. Dodge M. D.
Medical Attendant.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Wambach

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 ~ *Years,* ~ 2 ~ *Months,* 24 ~ *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria ~

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} No 121 Regester st

Cause of Death, First, (Primary,) Disease of the Mitral Valve (of Heart)

Second, (Immediate,) Dropsy, (with Paralysis of Heart)

Duration of last Sickness, ~ Four Months ~

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Thomas D. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 24

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles W. Jones

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~[illegible]~~ *Years,* 5 *Months,* 24 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 225 S. Eutaw St

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Marasmus

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, May 3 1878

James A Steuart M. D.
Medical Attendant

Undertaker, S. W. Shaw

Place of Business, S. Eutaw St *Address,* Bureau of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Dr S. A. Bell V. Pres't

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Johnson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 43 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Widow

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Delaware

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 49 Raindale St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, May 5 - 1878

Undertaker, B Hayes

Place of Business, 411 Light St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Catharine Detering

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* 5 *Months,* — — *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 65 German st,

Cause of Death, First (Primary,) — Congestion of Lungs & old age

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Ce. J. H. Butler M. D.

Medical Attendant.

Date of Burial, May 4th 1878

Undertaker, J. B. Blackistone *Address* 144 Mulberry st,

Place of Business, 606 Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24898

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do.

No Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Brown

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 7 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 88 N. Dallas St

Cause of Death, {First, (Primary,) Tissues Nascentium Second, (Immediate,) all ti Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3 1878

Undertaker, C. A. White

Place of Business,

James A Steuart M.D.
Medical Practitioner

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. E. Geo Waldo

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna Weil

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 66 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N° 121 Camden St

Cause of Death, {First (Primary,) General Debility

{Second (Immediate,) 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew

Date of Burial, May 5th

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw st

Henry Salzer M.D.
Medical Attendant.

Address, 165 W Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 24900

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bryant

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days.*

Color; Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 185 S. Durham St

Cause of Death, {First, (Primary.) / Second, (Immediate,)} Consumption

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, May 3 1878 James Hollins M.D.

Medical Attendant

Undertaker, P. Mullin

Place of Business, Combie & St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Ex by Dr. C. W. Morfit Ass't R

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3. 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Swann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Seven Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No. 87 Parkin Street

Cause of Death, First (Primary,) .....

Second (Immediate,) Convulsions

Duration of Last Sickness, 7 hours. I did not see the child until it was given over by parents.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Chas. N. Ruth M. D.

Date of Burial, May 4 1878 Medical Attendant.

Undertaker, F. T. Barnett *Address* 33 N. Gay Street

Place of Business, Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2d, 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Tulough

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventy *Years,* — *Months,* Two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Six Years

Place of Death, {Give street and number} No 135 N. Central Avenue

Cause of Death {First, (Primary,) Laundrie

Second, (Immediate,) Marasmus

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6th 1878

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Wm H. Cleudinen, M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Keens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 30 Parkin St.

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 4th 1878

Undertaker, J. B Loch

Place of Business, No 707 W Baltimore Street

C J Bellamy M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday May 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Harrison

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland —

Duration of Residence in the City of Baltimore, One years —

Place of Death, {Give street and number.} Church Home & Infirmary N. Broadway

Cause of Death, First (Primary,) Dis of Heart & Kidneys

Second (Immediate,) Anasarca

Duration of Last Sickness, about 2 months —

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co. Md. J. D. Glass M. D.

Date of Burial, May 6th 1878. Medical Attendant.

Undertaker, John A. Weaver *Address* Church Home & Inf.y

Place of Business, ~~# 22 W. Fayette St.~~ N. Broadway —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Patient 073

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Badger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 0 *Months,* *Days.*

Color, Delaware

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Edesex Co. Engd.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 163 N. Lombard St

Cause of Death, First (Primary,) Syphilis

Second (Immediate,) Stricture of Rectum

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 4th 1878

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St

Prof. A. Enich M. D.

Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christena Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania 10 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 N Strieker St

Cause of Death, {First (Primary,) Strangulated Hernia / Second (Immediate,) Collapse}

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4th 1878

C. C. Olson *M. D.*
Medical Attendant.

Undertaker, Henry Schnitker for S.

Place of Business, 261 E. Fayette St

Address 195 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd. John Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Two 2. Months, 19 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 209 Slash st

Cause of Death, First (Primary,)

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Druid Hill Lutheran Cemetery

Date of Burial, May 4th 1878

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Dr Lancy H Wardlaw M. D.
Medical Attendant.

Address 47 Canary st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3d May. 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Clance

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 68. *Years,* *Months,* *Days*

Color, wht

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 292 N. Eutaw st.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 4 1878

Undertaker, Chas Isaacson

Place of Business, 211 N Eutaw

G. L. Tanneyhill M. D.

Medical Attendant.

Address, 129 N Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Fry. Colwell

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 223 S. Durham

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetary

Date of Burial, May the 4 1878

Undertaker, Seq J. Jones

Place of Business, 182 S. Dallas St

L. L. Gill M.D.
Medical Attendant.

Address, 11 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childrea.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2 May. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Carl Groue

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 11 *Months,* 25 *Days.*

Color, white *Sex,* male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} 245 Eutaw Ro.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, May 3.

Undertaker, C H Blizzard *Address*

Place of Business, 201 Eutaw

G Pape *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

Date of Death, May 3d 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } James Edward Sadler

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 5 days *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } No 176 Madison St Near Aisquith

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Madison St Near Aisquith

Cause of Death, { First (Primary,) } acute Hydrocephaloid

{ Second (Immediate,) }

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4th 78

Undertaker, Geo. Schilling

Place of Business, Ashland & Eyrau

J. Edwin Mulford M. D.
Medical Attendant.

Address 175 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

Date of Death, May 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Shinah Etting

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 270 Lexington St

Cause of Death, {First (Primary,) Chronic Diarrhea two years

Second (Immediate,) Exhaustion

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Marksplain Cemetery Boundary Ave

Date of Burial, May 5th 1878

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St

Physician Buckler M. D.
Medical Attendant.

Address 15 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24913,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Imogene Rooke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* 25 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 302 Maryland Ave

Cause of Death, {First (Primary,) Gastro-Enteritis (Diarrhoea)

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Felix Dent Rinks M. D.
Medical Attendant.

Place of Burial, Green Mount Cy

Date of Burial, May 4th 1878

Undertaker, Stewart & Moore

Place of Business, 35 Park Ave

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

Date of Death, May 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Tuttle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Paper Hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bristol, England

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 36 N. Liberty St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Exhaustion.

Duration of Last Sickness, About three years.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 5th 1878

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Stewart Mowen

Place of Business, 35 Park ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

Date of Death, May 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Carroll

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Sixty-six *Years,* Two *Months,* Eighteen *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Queen Anne Co Md

Duration of Residence in the City of Baltimore, About Fifty years

Place of Death, {Give street and number.} No 344 N Gilmor St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia, Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 5th 1878

Undertaker, Jas H. Loane

Place of Business, 568 W. Balto St

D. E. Reese M.D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny Hauck

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 224 Hanover

Cause of Death, { First, (Primary,) Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, May 5

Undertaker, W. H. Hockmann

Place of Business, 26 Bank St

D. Hutton M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24917

The Physician who attended any person [illegible] *out*, to the Undertaker or other person superin[illegible] burial, w[illegible] *sty-four hours* after the death of said [illegible], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3 " 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Augt Steinberg

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 102 S. Central Ave

Cause of Death, {First, (Primary,) Pneumonia Hypostatica

Second, (Immediate,) Collapse

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 5th 1878

Undertaker, H. H. Hockmeyer

Place of Business, 26 Bank St

Jas. A. Steuart M. D.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr C. M. Marfit 2 P.M.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

Date of Death, May 1st 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rehner Russel

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House for the Aged & Infirm Lee Street

Cause of Death, {First (Primary,) Hydrocephalus of Infant

Second (Immediate,)}

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Old Church Yard

Date of Burial, May 3-1878

Undertaker, Wm L Marker

Place of Business, No 150 Lombard

M. D.

Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McMahon

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, — 29 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, {First (Primary,) Amputation of Leg

Second (Immediate,) Phthisis ac.

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Ft. Plain County

Date of Burial, May 4th

Undertaker, J. Keelt

Place of Business, 411 Light St.

T. A. Ashbe M. D.

Medical Attendant.

Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2c4920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

Date of Death, 3d May 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ireland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey 20 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Near Spa. Gardens Ft. Hamm

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Apnea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 6th

Undertaker, B. Hale

Place of Business. 411 Light Street

C. W. Dodge M. D.
Medical Attendant.

Address 211 Hanover St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Weidemann

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 4 *Years,* 4 *Months,* 12 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 22 Canton st

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, May 5t 1878

Undertaker, Wm. Strickland

Place of Business, 238 Aisquith

P. L. Daniel, M. D.
Medical Attendant.

Address, 270 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

Date of Death, May 3/78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Blanchin

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, *Years.* 4 mos *Months.* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 163 Pine St.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 163 Pine St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5 1878

Jno. R. Duncan *M. D.*

Medical Attendant.

Undertaker, S. H. Mease

Place of Business, 6 Hollyday St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24923,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
MAY
21
1878
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elitia Schudy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Nine Months *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Nine months

Place of Death, {Give street and number.} 515 Harford Ave

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet C A Watson *M. D.*

Date of Burial, May 5 1878 Medical Attendant.

Undertaker, Henry Koch *Address* 447 N Central Ave

Place of Business, 504 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Gaffney

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} 274 Eastern Ave

Cause of Death, First, (Primary,) Bilious Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, May 5th 1878

Undertaker, H M Gilmeyer

Place of Business, 341 Canton Av. *Address,* ____

J. Kelly M. D.
Medical Attendant.

2 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis J. Chaney

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 45 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hod Carrier

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland & Eastern Shore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 95 Jackson St

Cause of Death, {First (Primary,) Bronchitis (General)} {Second (Immediate,) 6 Months}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stop St Cemetery

Date of Burial, May 4 1878

Undertaker, Geo C Jones

Place of Business, 163 Park

Jas A. Gillis *M. D.*
Medical Attendant.

Address, 152 N. Eutaw

Extract from Regulations of the Board of Health, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Neubert

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* ..... 2 *Months,* ..... 20 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 67 S. Durham st

Cause of Death, {First (Primary,) Cholera infantum

{Second (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem. P. L. Lamel M. D.

Date of Burial, May 4 Medical Attendant.

Undertaker, W. Dippel *Address,* 27 N. Broadway

Place of Business, South Bond st. 151

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Crisz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 10 *Months,* 20 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 314 Light St

Cause of Death, First (Primary.) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem G H Keyser. *M. D.*

Date of Burial, May 6th 1878 Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Eagle sts. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. MAY 4 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mathews

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co Md

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} 10 Able Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) ~~About a month~~

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, May 4th 1878

Undertaker, The L. Lucks

Place of Business, 56 Jefferson

E. Hall Ruth M. D.
Medical Attendant.

Address, 157 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24929

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

Date of Death, May 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bryan

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number.} No 144 N Wolf st

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cem

Date of Burial, May 5 1878

Undertaker, John J. Rodenmayer

Place of Business, Cor Greenmount Ave & Monument St

J. Ridgway Rutter M.D. Medical Attendant.

Address, Corl & Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 214

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics

Permit No. 24930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Jolly Jr.

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 73 Goodmans alley

Cause of Death, First, (Primary,) Congestion of the Brain

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Ark

Date of Burial, May 5th

Undertaker, Wilder Bros

Place of Business, 96 Lombard St

Gordon Locke M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 5 1878

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Thomas

Color, Male or Female, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 185 N Dallas st

Cause of Death, {First (Primary,)} Tubercular Consumption

{Second (Immediate,)}

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, May 5 1878

Undertaker, William Morgan

Place of Business, No 62 East Street

Jno L Russell M.D.

Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24932

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James O. Patterson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37. *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 27. 6 here Street

Cause of Death, {First (Primary,) Valvular Disease of the heart (Mitral)

{Second (Immediate,)

Duration of Last Sickness, was well up to this time of his death

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

L. D. Whitford M. D.

Medical Attendant.

Address 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No 24933 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mehan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Born Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Colored Asylum & Pest House

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Do

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 5th 1878

Undertaker, H. A. Dazer

Place of Business, 74 S. Broadway

E. W. Jones *M. D.*
Medical Attendant.

Address Canton Police Station

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 2[illegible]

Board of Health, City of Baltimore,

Permit No. 24934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Duran

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 34 *Years,* ~ *Months,* ~ *Days.*

Color,

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 98 Lee St

Cause of Death, {First, (Primary.) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 6th 1878

Undertaker, C. H. Krause

Place of Business, 209 Hanover St

James A Hannan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~N. W. Cor. Chew & Dallas St.~~ May 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lynas Jenny

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} N. W. Cor. Chew & Dallas sts

Cause of Death { First, (Primary,) Congestion of the Brain
Second, (Immediate,) Spasm—

Duration of last Sickness, 3 Days—

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Md.

Date of Burial, May 6th 1878

Undertaker, P. H. Gleeson

Place of Business, 137 Orleans St.

J. J. Goss — M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Wood

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.e city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 138 E. Fayette st

Cause of Death, {First (Primary,) Typhoid fever / Second (Immediate,)}

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Meyers Cem.

Date of Burial, May 6th '78

{*Undertaker,* Chas. H. Tudor & Son. / *Place of Business* 22 W. Pratt St.}

W. Albers *M. D.*
Medical Attendant.

Address 95 E. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 5 1878

CERTIFICATE OF DEATH.

Date of Death, May 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy Hart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months.* ~~Days.~~ *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 120 Herring Lane

Cause of Death, { First (Primary,) Consumption
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 6th 1878

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

M. D.
Medical Attendant.

Address 53 South Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 78

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sort Gustav Ostendorf
John G. Ostendorf

~~*Sex, Male or Female,*~~ { Cross out the words not required in this line. }

Age, 1 *Years,* 2 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 54 W. Madison

Cause of Death, { First (Primary,) Edampsia
Second (Immediate,) Death

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, May 15th

{ *Undertaker,* H. Stanbe
{ *Place of Business,* 35 Bank

F Tuttle M.D.
Medical Attendant

Address, 248 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t[illegible]

Board of Health, City of Baltimore,

Permit No. 24939

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Kurth

Sex, Male or Female, {cross out the word not required in this line.}

Age, [illegible] *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Once's Birth

Place of Death, {Give street and number} 57 Hamburg St

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Tubercular Meningitis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 249140 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

Date of Death, May 5th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Bell Bo

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 7 *Years,* 10 *Months,* *Days*

Color,

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 43 N Bond St

Cause of Death, { First (Primary,) } Acute Rheumatism

{ Second (Immediate,) } Hypertrophy of Heart

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 6/78

Undertaker, Ivy Bro

Place of Business, 154 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. W. Herbert. (Hubbard)

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, — *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 134 North Ah

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate,) Bronchitis

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 6th 1878

Undertaker, Chas F. Mears

Place of Business, 161 West Pratt

Thos. Corbett M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ellen Mc. Phillips

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, Fifty one *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower,~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} City Hospital Cor. Calvert & Saratoga Sts

Cause of Death, {First (Primary,) Phthisis pulmonalis / Second (Immediate,) Asthenia

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 7th 1878

{Undertaker, / Place of Business,} Joseph F Byrne 59 n Liberty

Wm Gambel M.D.
Medical Attendant.

Address, Cor. Calvert & Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24943,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria C. Schumann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 245 S. Bond St.

Cause of Death, First (Primary,) Acute Meningitis.

Second (Immediate,) Convulsions

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician

Place of Burial, St. Matthew Cem.

Date of Burial, May 6

Undertaker, W. Dippel

Place of Business, S. Bond St 151

Aug. F. Esich M.D.
Medical Attendant.

Address 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Rebecca Rueble

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty Three *Years,* One *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} No 186 N. Eden st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery A. F. Yates *M. D.*

Date of Burial, May 7th 1878 Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 68 N Gilmor *Address* 132 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Schroder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore St. Western Boundary Co

Cause of Death, {First (Primary,) Teething

Second (Immediate,) Spasm

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician

Place of Burial, Lauden Park

Date of Burial, May 6

Undertaker, J P Paulus

Place of Business, 66 Fredrick Av

Calvin Black *M. D.*

Medical Attendant.

Address 668 W. Lafayette St.

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24946.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N 171 N Calvert St

Cause of Death, First (Primary,) ———

Second (Immediate,) Pneumonia

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery Green & Fayette.

Date of Burial, 7th May

Undertaker, Hy W. Jenkins & Son

Place of Business, 16 Light St

Address 23 [illegible]

I H Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Pattison

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* 1 *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Stevadore, &c.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number.} 192 S Bethel St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Lanar Cemetery

Date of Burial, May the 6th 78

D. Webster Cathell M. D.
Medical Attendant.

Undertaker, Theo F. Locke

Place of Business, 56 Jefferson St

Address 21 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

...special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hess

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 23 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 25 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 Canton St

Cause of Death, {First (Primary,) Intermittent fever

Second (Immediate,) Congestion of lungs and Liver 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 7th 1878 24 ock.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

J Richards M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24949

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24949

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, [illegible] May 6, 1878 sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willeam Reddy

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~ *Years,* 5 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 326 Hamburg St

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cem'y

Date of Burial, May 6th 1878 James A Steuart M.D.

~~Medical Examiner~~

Undertaker, L. Le Gourdy

Place of Business, Bank St *Address* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Dr Jas Bosley 2 6 78 R

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Baker ?

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, Thirty ? *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Unknown

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Berks Co Pa. ?

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} City Hospital Cor. Calvert & Saratoga Sts

Cause of Death, First (Primary,) Pistol shot by John Gephardt

Second (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, May 5

Undertaker, T Mullin

Place of Business, 67 Cumberland St

Dr Wm Gombel. Res. Physician
Medical Attendant.

Address Edmd R Walker MD
Comm Dr O's

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 24931

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gaddis George

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10 Years, — Months, — Days.

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Spinner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 & 3 mos

Place of Death, {Give street and number} Gorsuch Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Old Age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharps St. Cem'y

Date of Burial, May 6th 1878 Thos. Ould M. D.

Medical Attendant.

Undertaker, Hercules Rose

Place of Business, West St *Address,* 416 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McHaul

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* Three *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 103 South Bond

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) —

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 7, 1878

Undertaker, W. C. Kathmann

Place of Business, 191 S Bond St

D. C. Jones M.D.

Medical Attendant.

Address, (Crone) E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 5 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Michael A Reilly

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 34 *Years,* *Months,* *Days.*

Color, W *Sex,* M

~~*Married, Single,* Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Digger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 126 Linden Ave

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 7th 1878

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address* 189 N Howard St

Richd. McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 249874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Matthews

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Black

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 109 N. Allen Ct

Cause of Death, First (Primary,) Valvular Dis. of Heart.

Second (Immediate,) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 7th

Undertaker, John Jake

Place of Business, No 195 N. Balto St

Austin Ribbon M. D.
Medical Attendant.

Address 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules and Regulations.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Clarence Basting

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 178 N. Eden St

Cause of Death { First, (Primary,) Consestion of the Brain
Second, (Immediate,) Spasm

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Tuesday Afternoon 3 Oclock

Undertaker, M. H. Hackman

Place of Business, Gay St *Address,* 137 Aisquith

A. A. Gross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Wilderson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 466 Cathedral St

Cause of Death, First (Primary,) Paralysis of Heart

Second (Immediate,) sudden death,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Rockville

Date of Burial, May 6

Undertaker, C H Bizzard

Place of Business, 201 Penn

Geo G Ayle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 21957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Braundt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 McMechen st

Cause of Death, {First (Primary.) / Second (Immediate,)} Meningitis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 7th May

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave

C Winslow M. D.
Medical Attendant.

Address 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Adelaide Gates

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* 15 *Days.*

Color, Colored *Sex,* Male

Married, ~~Single Widow~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Williamsport Md.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 514 L. Josephine St.

Cause of Death, First (Primary,) Hypertrophy of Heart

Second (Immediate,)

Duration of Last Sickness, 2½ months

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg Cemetery J. Gilmour M. D.

Date of Burial, May 6 1878 Medical Attendant.

Undertaker, J. Emaze

Place of Business, 193 Howard *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 8 *Months,* *Days.*

Color, Light Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 1 year & 8 months

Place of Death, {Give street and number.} 240 Preston st

Cause of Death, First (Primary,) Struma

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount St Bernard

Date of Burial, May 7. 1878

Undertaker, S. P. Lemaze

Place of Business, 198 S. Howard st

B F Bohrer M. D.
Medical Attendant.

Address Cor Dolphin & Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th - 1878, 3. a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Bear -

Sex, Male or Female, { cross out the word not required in this line. } - male

Age, ——— *Years,* 8 — *Months,* — *Days.*

Color, White -

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, child -

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 29. Park pl alley

Cause of Death, { First, (Primary,) Teething

Second, (Immediate,) Convulsions - from Irritation of Gums.

Duration of last Sickness, 2 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Burying ground

Date of Burial, May 8th

L. A. Dehne — M. D.
Medical Attendant.

Undertaker, Lister Brothers

Place of Business, E. Fayette *Address,* 86 E Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 24961

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbur Percy Reamey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 486 Saratoga St

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,)

Duration of last Sickness, — 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 8th May

Undertaker,

Place of Business, 317 N. Howard

J. R. McSherry M. D.

Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Taylor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Four *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 463 E. Eager St - Baltimore

Duration of Residence in the City of Baltimore, Four days

Place of Death, {Give street and number.} 463 E. Eager St Baltimore

Cause of Death, {First (Primary,) Premature birth. (6 months)
{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lalb Cemetery

Date of Burial, May 7, 78

{*Undertaker,* Fry Bro
{*Place of Business,* 374 W Broadway

Albert B. Lyman M. D.
Medical Attendant.

Address 375 - E. Baltimore St - Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

Date of Death, May 7th. 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conrad Roue

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Fifty four *Years,* Three *Months,* Seventeen *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number} # 76 Frederick av.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 9th 1878.

J. G. Smithman M. D.
Medical Attendant.

Undertaker, J. P. Pauline

Place of Business, 66 Third av. — *Address,* 524 W. Hagerstown St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Richardson Joynes

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, *Years,* 9 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 210 E. Lombd

Cause of Death, First (Primary,) aphthous Stomatitis

Second (Immediate,) acute Oedema of Lungs

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. E. Liebmann M. D.

Medical Attendant.

Date of Burial, May 7 6 & N. Front St

Undertaker, Mendelin Dipke

Place of Business, S. Bond St. 151 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1. 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Sutton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 46 Bank st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Co. Md

Date of Burial, May 8 #1878

Undertaker, Fleming Denny

Place of Business, 263 Light st

A. H. Mackall M.D.
Medical Attendant.

Address, 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transcript 1878

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Gumpman (Gutman)

~~Sex~~, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* 3 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Harmony Lane Clr: Broadtis

Cause of Death, {First (Primary.)} —

{Second (Immediate.)} —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Last home

Date of Burial, Tuesday May 7th 78

Undertaker, Conrad Kunz,

Place of Business, No 60 Saratoga

E. A Chancellor M.D.

Medical Attendant.

Address, University Hospital Corn. Green & Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday May 5th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Grobel

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Truro, Nova Scotia, (18 years in U.S.

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 35-4 N Eutaw St

Cause of Death, {First (Primary,) Albuminuria

{Second (Immediate,) Uraemic Poisoning

Duration of Last Sickness, about Five Months —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 7th 1878

E. A. Kelly — *M. D.*
Medical Attendant.

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St *Address* 67 N Albert St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7 / 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wilson

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* 1 *Day*

Color, Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} All his life

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number} 15 S Carrollton Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 8

Undertaker, J B Cook

Place of Business, 117 W Baltimore *Address,* 223 Franklin St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Melvonna

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, (Colored)

~~Married~~, Single, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 179 The Borough St

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 7 1878

Saml F Powell M. D.
Medical Attendant.

Undertaker, William Nburger

Place of Business, No 62 Eastshot *Address,* No 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 24970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24970

The Physician who attended any person in a last illness is responsible for the presentation of this C[illegible] out, to the Undertaker or other person superintending the burial, within twenty hours thereafter, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER

[illegible] ALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, May 7th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Schmidt

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 397 Aliceanna St

Cause of Death, { First, (Primary,) [illegible] Second, (Immediate,) Marasmus

Duration of last Sickness, during Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 8th 1878

Undertaker, H. M. Schmeyer

Place of Business, Canton Ave

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ex by Dr McShane

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24971.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE.

Date of Death, May 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia R. Hopkins

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel County Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} No 139 S. Eden st

Cause of Death, {First (Primary,) / Second (Immediate,)} Cause of Death

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, May 8th 1878

Undertaker, Wm S Thacher

Place of Business, No 150 Camden

Medical Attendant. M. D.

Address, No 139 S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lizzie H. Monroe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* Nine (9) *Months,* Six (6) *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 103 Hudgins Ct

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Pneumonia

Duration of Last Sickness, One Week 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 8th 1878

Undertaker, John Thacher

Place of Business, No 150 Camden

Jno. F. Blake *M. D.*
Medical Attendant.

Address 110 South St.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Shields

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* one *Months,* about 14 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about 7 mos.

Place of Death, {Give street and number.} 3 ~~Dilton~~ Ct. Celestine Ct

Cause of Death, {First (Primary,) Prescribed for it one time since at office

{Second (Immediate,) for bronchial irritation

Duration of Last Sickness, several weeks.

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem. Eldridge C. Price M. D.

Date of Burial, May 7th 1878

Undertaker, L. LeGourde *Address* 262 Madison Ave.

Place of Business, 197 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Harrington

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 59 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gettysburg Pa

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number} 77 E Baltimore St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Uremic Poisoning

Duration of last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Gettysburg Pa

Date of Burial, May 8th 1878

Undertaker, John H. Weaver

Place of Business, 22 Fayette St

J. J. Chisolm M. D.
Medical Attendant.

Address, 55 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Franklin 7076

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Wet

Sex, Male or Female, {Cross out the word not required in this line.} (White boy)

Age, 1 *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 483- Calhoun st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 483- Calhoun st

Cause of Death, {First (Primary,) Measles

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 9th 1878

Undertaker, C. Wagland

Place of Business, 53 Lombard Street

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bittner

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 258 E. Pratt St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 8th 78

Undertaker, W. Franck

Place of Business, 280 Eastern Ave

_____ M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Schwallenberg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 3 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hanover

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 78 Parkin St

Cause of Death, {First (Primary.) ; Second (Immediate,)} Paralysis of the brain

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 10th 1878

Undertaker, Charles F. Herold

Place of Business, 170 Sharp St. *Address* 95 S. Sharp St.

W. Albers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24978.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne J. Echemendia

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 173 Hallin st

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 173 Hallin st

Cause of Death, { First (Primary,) Cholera Infts

Second (Immediate.) 4 days

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, H. Peters Dr. H. Emmons M. D.

Date of Burial, May 8 1878 Medical Attendant.

{ *Undertaker,* Jas A. Coane, *Address* 115 Fayette st

{ *Place of Business,* 568 W Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas E Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 18 Lexington St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, About 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5, 1878

Undertaker, William A Lingo

Place of Business, 11 Hooken Alley

R K Kinsey M. D.
Medical Attendant.

Address 864 N Gayle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin S Shelton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty one *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8th 1878

M. D.
Medical Attendant.

Undertaker, Wm S Gray

Place of Business, 45 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7, 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Suter

~~*Male, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 3 *Years,* 9 *Months,* ——— *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~ ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md. 3 3/4 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 61 Saratoga St.

Cause of Death, {First (Primary,) Spasms

Second (Immediate,) Coma

Duration of Last Sickness, 6 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8th 1878

{*Undertaker,* Wm. Sims Jr.

Place of Business, 65 Mulberry St

Lewis McCahan M.D.
Medical Attendant.

Address, 314 E

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*

penal[illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Grasshoff

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany 25 yrs

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 88 S. Castle St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Phthisis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, 5th German Reform

Date of Burial, Feb 8th 1878 James A Steuart M. D.

Undertaker, Henry Bein

Place of Business, 252 Aliceanna St *Address,* Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. McShane V. [illegible] R

K SAFETY FILM

...spondents is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vincent B Bayne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* / *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 92 South Gilmor

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Since Jan 1/78

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem^t

Date of Burial, May 9th 1878

Undertaker, John J Andrews

Place of Business, 1646 Druid Hill Avenue

Jno R Duncan M. D.

Medical Attendant.

Address Fayette St 8th door above Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK

No. 24984

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24984.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gately

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Four (4) *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 Hughes St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) do

Duration of Last Sickness, About 31 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 8th 1878

Undertaker, Joseph F Byrne

Place of Business, 59 Liberty

Jno. S. Latimer M.D.
Medical Attendant.

Address. 187 Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24985

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Stewart

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, About 24 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 4 "

Place of Death, {Give street and number} Cor. Calvert & Saratoga Sts City Hospl

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Asthenia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Rub Cemetery

Date of Burial, May 8th 1878

Wm. Gombel M. D.
Medical Attendant.

Undertaker, R. McClain

Place of Business, Cambridge *Address,* Cor Calvert & Saratoga Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 24986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Hayward

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } 120 Columbia St

Cause of Death { First, (Primary,) Congestion
Second, (Immediate,) Exhaustion

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 8/78

Undertaker, Ty Rev

Place of Business, 1576 N. Broadway *Address,* Balt. & Washington

W. G. Lucas *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 24987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ulrich Filchner

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 235 S Eulaw st

Cause of Death, {First (Primary,) Heart disease,

Second (Immediate,) 3 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 9th 1878

Undertaker, Charles Effenedy

Place of Business, 75 Charles Street

Geo G Ryle Coroner M. D.
Medical Attendant.

Address, 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

...Numbers below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lelia Veney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, cd *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} Mulberry St - 79.

Cause of Death, {First (Primary,) Phthisis Pulmonalis -

{Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemet Chas. S. Sayn M. D.

Date of Burial, May 8th 1878 Medical Attendant.

{*Undertaker,* M. H. Conway Address Balto. and Liberty.

{*Place of Business,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances A Leaf

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 14 S Pennsylvania avenue

Cause of Death, First (Primary,) Senile Debility

Second (Immediate,) Consumption pulmonary & Ulceration Bowels

Duration of Last Sickness, Two months Confined

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 9 1878

Undertaker, Wm. Wateman

Place of Business, 191 S Bond St

McHammond M.D.
Medical Attendant.

Address, 64 N Paca St
Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 78

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Kearney

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S. W. Cor. Harford Ave & Madison St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, May 9 1878

Undertaker, Jas P. Byrne

Place of Business, Front St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 116 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 24991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May Seventh 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Emma Gains

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 661 - Pennsylvania Avenue

Cause of Death, {First (Primary,) Dropsy

{Second (Immediate.)

Duration of Last Sickness, One years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, May 9

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

Kiano Gluentin M. D.
Medical Attendant.

Address Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 78

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Richards

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Easer Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 77 N Charles St

Cause of Death, {First (Primary.) Stab penetrating left ventricle of heart
Second (Immediate.) External hemorrhage

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 9 1878

Undertaker, Hillen & Duze

Place of Business, No 10 Stockton St

Edmd R Walker M. D.
Medical Attendant

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Death and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 May 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Lynn

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, Months, 4 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 419 N. Fremont St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 425 N. Fremont St.

Cause of Death, First (Primary,) cardiac imperfection - non closure of foramen Ovale

Second (Immediate,) from birth

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Bonnie Brae

Date of Burial,

Undertaker, John G Smith

Place of Business, 422 N Fremont

Marbury Brewer M. D.
Medical Attendant.

Address 201 E Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Carrie Fleischman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 443 Cross St

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, May 10th

Undertaker, Henry Brick

Place of Business. Hanover St 81

L. C. Bruck *M. D.*
Medical Attendant.

Address 18 N Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spondents is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Worthington Jenkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 2 *Months,* 13 *Days.*

Color, W *Sex,* male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Cabinet maker & undertaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 164 Barre

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral C.

Date of Burial, May 10 1878

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St

Address 154 N. Charles St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d[illegible] or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MAY 9 1878

Date of Death, May. 8, 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No name; Adalaide H. Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, Months, 1 Days.

Color, White; *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 49 N. Green

Duration of Residence in the City of Baltimore, 1 days.

Place of Death, {Give street and number.} 49 N. Green

Cause of Death, First (Primary,) Premature birth. 8th month.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 1 days.

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground W. P. Morgan. M. D.

Date of Burial, May 9th 1878 Medical Attendant.

Undertaker, John J. Andreas Address 175 Saratoga

Place of Business, No 46 & 6 Druid Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24997

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Amanda Minnick

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, ... *Years,* 7 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } Lombard Lane near Greenmount Ave

Cause of Death, { First (Primary,) Whooping Cough

{ Second (Immediate,) Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 9 May 5 O'clock P.M.

{ *Undertaker,* George C Rodenmayer

{ *Place of Business,* 38 Union Street

Wm Whitridge M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottlieb F. Hoerig

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 72 *Years,* 11 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Retired Butcher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Wertemberg Germany

Duration of Residence in the City of Baltimore, over 60 years

Place of Death, {Give street and number.} No 184 E Fayette st

Cause of Death, First (Primary,) Paralysis & Prostration

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10th 1878

Undertaker, John S. Weaver

Place of Business, #32 W. Fayette St "

J. Ridgway Dorsey M. D.
Medical Attendant.

Address, No 184 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24999

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

Date of Death, May 8 1878

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Brett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 48 - Clayton st

Cause of Death, {First (Primary,) ... Second (Immediate,)} Cerebro Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County Jn d

Date of Burial, May 9th 78

{*Undertaker,* Wm E. Churchill

Place of Business, Cor Mosher & Pa Av

H. S. Hancock M. D.
Medical Attendant.

Address Cary & Fayette sts Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 25000

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 25000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Arnett

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible] City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} No 169 Caroline st

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Convulsions

Duration of last Sickness, Dont know Saw him the child, was already dying

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

L O Winterwitz M. D.
Medical Attendant.

Address, 123 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

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